

Activities Supervisor's Guide

A Handbook For
Activities Supervisors In
Long-Term Care Facilities

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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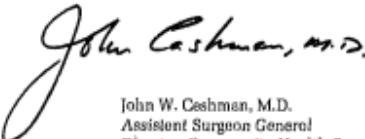
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Preface

All major Federal health programs are concerned with long-term care, and patient activities constitute an essential feature of that type of medical care.

Since no comprehensive manual covering this important field has been available, the Nursing Home Branch of the Division of Health Resources has developed this handbook for the guidance of Activities Supervisors in long-term care facilities.

All aspects of patient activities are covered, from the rationale for such programs to instructions for selected activities. It is hoped that the guide will not only prove useful to individuals directly responsible for activities programs but will serve as a valuable reference for all professional personnel engaged in the rapidly growing field of long-term medical care.



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Introduction

As activities supervisor in a long-term care facility you play a vital role in helping individuals return to normal, active lives. This is a great responsibility, for in many instances, the effectiveness of your activities program can make the difference between living . . . and just existing. The purpose of long-term care differs from that of acute care. In acute care facilities physicians and others do things for patients; in long-term care facilities patients are encouraged to do things, once again, for themselves.

Life itself is an unplanned, unscheduled, uncoordinated activities program. Everything we do, from breathing to bathing, from singing to seeing, can be considered an activity.

And everything we do also can be considered an exercise for whenever we participate in an activity, no matter what, we are exercising our ability to master the activity. When we walk, we exercise our ability to walk. When we read, we exercise our ability to read. When we talk with others, we exercise our ability to be sociable and friendly.

Long-term illness can remove a person from the everyday world where normal activity and exercise is completely taken for granted. And if the reasons for exercising which were present in the everyday world no longer exist, the individual simply may stop exercising. When a person stops exercising, he begins to lose his ability to do things. If a person no longer wants to walk, because it is easier to move in a wheelchair, he eventually may not be able to walk because his muscles have atrophied from lack of use. In fact, he may throw away his ability.

The purpose of an activities program is to create as near to a normal environment as possible, thereby encouraging persons in a long-term care facility to exercise their abilities. An activities program provides physical, intellectual, social, spiritual and emotional challenges much in the same way that everyday life in the community provides such challenges. But there is a difference.

An activities program provides these chal-

lenges in a planned, coordinated, structured manner. The activities provided are carefully selected so that they not only are enjoyable, but also are especially beneficial in overcoming specific problems. For example, a stroke victim participates in enjoyable activities which not only conserve and strengthen the abilities which have not been affected, but which also exercise and encourage use of those faculties which have been impaired. Without an activities program, such a person would not use the impaired faculties and, perhaps through depression and withdrawal, might not want to do anything at all. He would, therefore, lose even what abilities he had left. Without an activities program, he eventually would lose all hope.

The most challenging part of your job, therefore, is to encourage people to participate—to get them involved. You can have the most varied and exciting activities program in the world, but if a person does not want to participate, he obviously receives no benefits.

So your job is to provide activities which present a challenge, which make people want to participate, and to achieve. For just as activity is the sign of life, achievement is the purpose of life. No matter how small the achievement, it is still an achievement. Achievement brings with it dignity, self-respect and self-reliance. And it brings with it the desire to achieve more. The desire to achieve more means participation in even more activities.

The more activities, the more exercise; the more exercise, the more a person has the ability to do.

In the last analysis, then, an activities program is the environment of challenge, of achievement and hope. An activities program can help a person along on the road to recovery. It brings with it a dignity of life. It creates a purpose for living—to go on, to do more, to achieve more. It is your job to create this environment for others. That is your challenge. It is a challenge marked by many achievements, and just as you can help make life worthwhile for those you serve, their accomplishments can help make your life richer and fuller than you ever thought possible.

Qualifications of an Activities Supervisor

It takes skill to carry out an effective activities program. But even more important than skill are certain personal qualities. Skills can be learned—that is one of the purposes of this guide—but personal qualities are attributes that you either have, or don't have. You don't learn them.

First and foremost, you must have absolute faith that engaging in meaningful activity is necessary for all people. From this comes your desire to work with the ill, aged and disabled.

You must have the ability to establish and maintain effective working relationships with the administrator, consultant, nurses, food service personnel, nurse's aides, volunteers and the individuals you serve.

You must be able to assume responsibility for planning and carrying out an activities program.

You must be flexible enough to change plans when the situation warrants.

You must have enthusiasm and a willingness to learn new ideas and new skills.

You must be able to understand where your job ends, and another's begins.

And you also must have imagination, initiative, a sense of humor, friendliness, conscientiousness and patience.

Without these attributes you cannot succeed. With them, you cannot fail. With them you will be able to learn the basics—the knowledge and philosophy of rehabilitation and the knowledge of the activities to be used.

Activities in General



Types of Activities

There are six general types of activities which may be adopted for your program in the nursing home setting. Specific activities within any one of the six types may range from the very simple to the very complex; from passive involvement to heavy active involvement; from individual participation to group participation. For an activity program to meet all the diverse needs of those involved, all six types of activities must be provided with as many variations as possible. The six types of activities are:

Social Activities

Social activities can help minimize self-consciousness, increase self-confidence, and stimulate interest and friendships by providing fun and enjoyment for those who take part. Typical social activities include square, folk and round dancing, group singing, horseshoes or quoits, adapted bowling, charades, cards, checkers and bingo.

Recreational activities with an emphasis on social aspects include outings to places of interest such as historic places, museums, hall games, fairs, and parks. You also can encourage persons in your care to join community groups and religious organizations, helping them to take a more active role in community life.

Diversional Activities

Diversional activities place the emphasis on individual accomplishment rather than sociability and fun. Such activities serve to take an individual's mind off worries and help him to adjust to long-term illness and long-term care. Typical diversional activities include braiding rugs, sewing, painting, refinishing furniture, and repairing or making toys.

Work-Type Activities

People need a balance between work and play. It is particularly important when leisure hours are great in number to include some work substitute. In addition, many people have grown up in an environment where leisure is considered only for the idle wealthy and where play borders on the sinful. Do not try to re-

make the opinions and habits of a lifetime. Work with them. Provide activity which can be regarded as meaningful work.

Depending on the individual involved and his abilities, work-type activities can range from making a bed and ironing personal laundry to a completely structured workday—repair shop work, general ironing, basketmaking, dusting, etc. Do not become involved in paying individuals for work-type activities without first consulting legal counsel. Legal, welfare and labor relations considerations all are involved.

You also might investigate the possibility of establishing a sheltered workshop. Local wholesalers or manufacturers pay people for simple assembly procedures or for repairing damaged articles. Some state parks also pay for making simple items.

Volunteer Service Activities

Volunteer service activities are similar to work-type activities except volunteer aspects are stressed. Typical service activities are folding and mailing church literature, preparing material for a community food drive, wrapping bandages, or making or repairing toys for underprivileged or orphaned children.

There also are buddy-system activities in which one person assists another in activities such as eating, dressing, reading, ambulation, playing games, etc.

Intellectual Activities

There must be activities for intellectual and creative expression. Some obvious activities are discussion groups, voting, book reviews, sketching, drama, and music appreciation. Consult your local library for availability of such materials as books, talking books, records and films.

Other vehicles for intellectual activity are clubs and committees.

Spiritual and Religious Activities

Spiritual and religious activities are especially important as religious convictions tend to increase in later years.

NO INDIVIDUAL SHOULD BE REQUIRED TO PARTICIPATE IN ANY ACTIVITY.

NO INDIVIDUAL WITH A MEDICAL PROBLEM SHOULD PARTICIPATE IN ANY PHYSICAL ACTIVITY WITHOUT WRITTEN APPROVAL FROM THE ATTENDING PHYSICIAN.

3. **Independent group activity**, where each individual in a group is working on his own project;
4. **Independent/Interdependent group activity**, such as making dressings for the Cancer Society, where the total project is dependent on each group participant making the same item or performing the same task as all other members of the group, and;
5. **Interdependent group activity**, such as publishing a newspaper, where the completion and success of the total project is dependent on each participant completing a separate and distinct part of the total project.

Group Activities

Group activities, the involvement of a number of people in physical and mental interaction, are vital to an effective program. There are several reasons for this. Most obvious is the fact that group participation results in maximizing your resources—enabling you to involve many people within a specified budget of time and money. Less obvious, but perhaps more important, group activities promote social interaction. Having several people involved in one activity promotes communication which helps the development of friendships. In this light, group activity can help overcome feelings of loneliness, isolation and self-pity which all too frequently accompany long-term illness and long-term care.

The degree of social interaction created by a group activity is directly related to the amount of involvement of each individual both with the activity itself and with other members of the group. Generally speaking, group activities can be divided into five general categories based on degree of involvement. These five involvement categories are:

1. **Spectator group activity**, such as attending an athletic contest or a movie, where members of the group are passively involved, not actively participating;
2. **Performing group activity**, such as dancing or singing, where people are performing for themselves or for others;

Just as the greatest degree of involvement will produce the most beneficial results in terms of social interaction, inability or failure to perform at a high degree of involvement can produce undesirable results. Conversely, failure or inability to perform at the lowest degree of involvement will cause the least harmful results. As an example, falling asleep at a spectator group activity such as a lecture will cause no problems for the group. On the other hand, falling asleep while the group is trying to meet a deadline for completing an interdependent activity can cause major problems. It could lead to guilt feelings and withdrawal from self-ridicule or from the ridicule of other members of the group, not to mention causing possible total disruption of the activity. Thus, it is of utmost importance that you place an individual in that group activity in which he is best able to participate physically, mentally and emotionally.

Individual Activities

Because everyone has a need for personal identity, and because some in your home are unable to participate in group activities, you must provide individual activities.

For those who need individual activities as another part of an overall program, activities such as reading aloud or painting a picture virtually are unlimited. But for those who are unable to attend group activities, the scope of activity is more limited, and merits careful selection.

For those whose physical disabilities prohibit

movement to a group activity area, your individual activity program must provide:

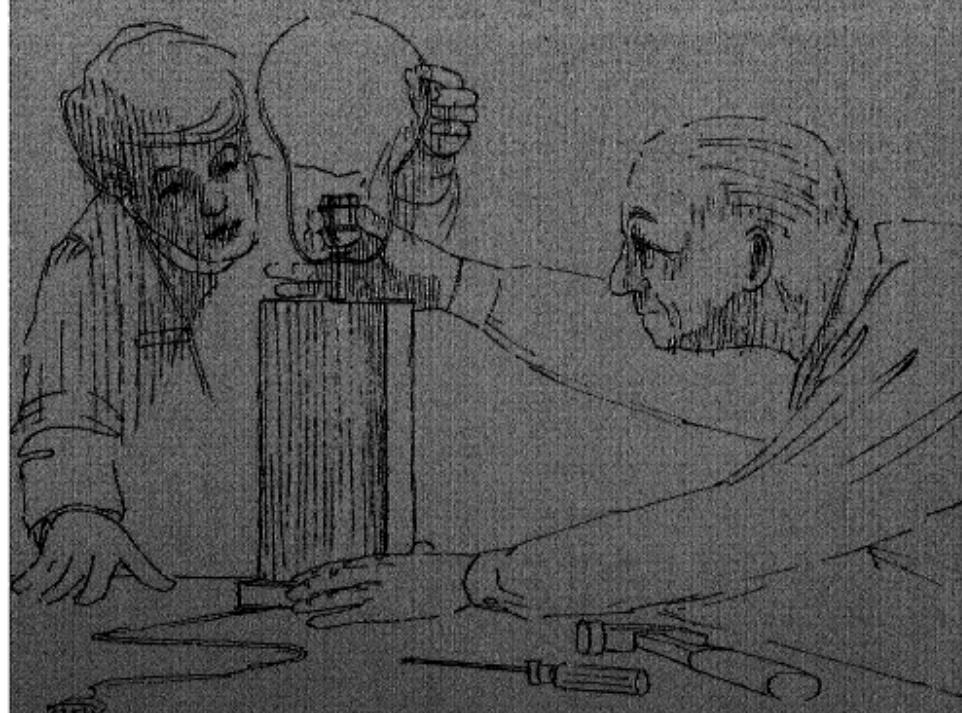
1. activities which make maximum use of each individual's physical and mental capabilities;
2. activities which are interesting to and involve the individual, and which present a challenge that can be met, and;
3. activities which do not interfere with scheduled nursing and housekeeping routine.

For those who have severe emotional problems or are not alert enough to become part of a group, your program must provide:

1. activities which are basically uncomplicated, but which can become more elaborate to accommodate increased ability, such as making yarn animals or games like checkers or dominoes;
2. short periods of concentration to avoid frustration, and;
3. enough time for you to develop a close relationship with the person involved, allowing you to recall his attention should his mind wander.

Obviously an individual activities program cannot provide the social interaction which is the key "fringe benefit" of group activities. Therefore, a major goal of your individual activities program should be the eventual involvement of the person in group activities if at all possible.

Establishing the Program



Finding the Interests of Individuals

The development and implementation of your program depends primarily on what the individuals themselves want to do. Do not ride roughshod over individual preferences. In some cases one of your biggest challenges will be channeling an interest into an activity.

There are several ways to determine what general interests are.

The first and most obvious method is to make a list of those activities which are available or which could be made available and interview each person to solicit preferences. This same technique could be used with an individual's family which could indicate past interests.

Another technique is to refer to admission forms and records, but only with approval of the administrator. Past experiences of the individual can suggest ideas for current activities. A former sheet metal worker, for example, might be very interested in metalcrafts. In addition, having knowledge of past experience provides the basis for conversation, and putting into contact with each other those who have shared past interests.

Another source of information is staff and volunteers, to whom an individual may have mentioned a desire for trying one form of activity or another.

In general, learning an individual's interests is the key to planning the start of the program, and just as important, it is the key to keeping your program continually effective.

A past interest, however, does not mean that a person necessarily will want to take up something similar now. This could be due to feelings of inadequacy, general depression, desire to learn something different or physical or emotional limitation.

Lists of Possible Activities

The following alphabetical lists of activities are partial only and should be used to stimulate

your own thinking. They also can be used to locate areas of interest of individuals entering the activities program, as well as for volunteers.

Adapted Basketball	Carving (Soap and Wood)
Adapted Bowling	Ceramics
Art	Chiaroscuro
Art Foam Projects	Checkers
Anograms	Chenille Craft
Auctions and Craft Sales	Chess
Auto Rides	Chinese Checkers
Backgammon	Church Services
Badminton	Clay and Plastercraft
Balloon Volleyball	Clubs (Camera, Garden, Book, Choral, etc.)
Band	Colorful Mat Making
Bandage Making	Collecting (Stamps, Coins, Rocks, etc.)
Basketry	Community Service
Bean Bag Toss	Cooking
Bedmaking	Cootie
Bible Class	Copper Tooling
Billiards	Cork Craft
Bingo	Cribbage
Birdfeeder	Crocheting
Construction	Croupet
Bird Feeding	Crossword Puzzles
Bird Watching and Walks	Dancing
Block Printing	Darts
Blueprinting	Decorations
Bookbinding and Repair	Discussion Groups (Current Events, Literary, Sports, Bible, etc.)
Book Reviews	Dominos
Box Hockey	Drawing
Bowling	Dramatics
Braiding	Education
Braid Weaving	Embroidery
Bridge	Flower Arranging
"Buddy System" Work	Flower Making
Bumper Pool	Fly Tying
Bunco	Furniture Refinishing
Candlemaking	Games (Tubla, Active, Guessing, etc.)
Cards	
Cards	
Carpentry	

			Activities Especially Enjoyed by Men
Gardening	Nutting	Shuffleboard	
Gimp Work	Open House	Singing	GENERAL
Go Fish (Magnetic Fish Game)	Painting	Soap Sculpture and Painting	Auto Rides
Graphic Arts (Printing)	Papercraft	Solitaire	Band
Group Exercises	Parchesi	Spectator Sports	Bird Feeding
Hairpin Lace	Parties (Holiday, Birthday, etc.)	Spelling Bee	Bird Watching
Hangman	Pets	Sponge Craft	Bible Study
Hearts	Photography	Stencilling	Church
Holiday Celebration	Picnics	Story Telling	Clubs and Discussion
Hooked Rugs	Pinocchio	Swedish Weaving	Groups
Horse Racing	Pipe Cleaners Animals	Sweeping and Dusting	Dancing
Horseshoes	Political Activity	Swimming	Gardening
Investment Club (Using Imaginary Money)	Pokeno	Stuffing Envelopes	Maps
Japanese Paper Folding (Origami)	Pom Pom Rugs	Table Setting	Movies (Sports and Field Especially)
Jewelry Making (Tile, Marble, Stone)	Pool (Pocket, Billiards)	Table Shuffleboard	Music
Kite Making	Publishing Newsletter	Tatting	Nutting
Knitting	Puppetry	Television (And play- ing television game shows)	Photography
Knottting	Puzzles	Textile Painting	Puzzles
Kitchen Work	Quilting or Tacking Comforters	Tiddlywinks	Reading
Lamp Making	Quizzes (Famous People, Dates, etc.)	Tournaments and Contests	Sheltered Workshop
Lawn Bowling	Quoits	Toy Making (Cloth, Wood, etc.)	Spectator Sports
Leathercraft	Radio (AM, FM, Shortwave)	Toy Repairing	Swimming
Letter Writing	Rake Knitting	Trips (Fishing, Sightseeing, etc.)	Television
Library	Reading	Turkish Knotting	CRAFTS
Liquid Embroidery	Reading Aloud	Twenty Questions	Blueprinting
Macaroni Craft	Recipe Book Making	Video-Tape	Bookbinding and Repair
Maps	Records	Productions	Braid Weaving
Matchbook Decoration	Raffles	Volleyball	Fly Tying
Mending	Ring Toss	Volunteer Work	Furniture Refinishing
Metalcraft	Rug Making	Walking	Jewelry and Metelwork
Miniture Golf	Rummy	Washing	Leathorcraft
Model Making	Rhythm Band	Weaving	Model Making
Monopoly	Scrabble	Whist	Mosaics
Mosaics (Egg Shell, Tile, Seed, Gravel, etc.)	Scrapbooks	Whittling	Painting
Movies or Slides	Sculpture	Woodworking	Rug Makling
Music	Self-Government Committee	Writing (Newsletter, Local Paper, Poetry, etc.)	Woodworking
Musical Mixers	Sewing		GAMES
Naturecraft and Walks	Shellcraft		Balloon Volleyball
Needlecraft	Sheltered Workshop		Billiards
Newspaper Clippings	Shows (Hobbies, Art, Crafts, etc.)		

Bingo	Community Service	Bingo (Magazine and Music)	Spectator Sports
Bowling	Dancing	Bowling	Television (Select Programs)
Bumper Pool	Discussion Groups (Remotivation)	Guessing Games	HOMEMAKING
Caroms	Gardening	Horseshoes	
Charades	Movies and Slides	Relays	Dusting
Crossword Puzzles	Nature Walks	Ring Toss	Mending
Dominoes	Parties	Shuffleboard	Washing
Darts	Pets (Birds and Fish)	Spelling Bee	CRAFTS
Horseshoes	Picnics	Washers	Block Printing
Miniture Golf	Radio (Select program AM & FM)		Braiding
Pool (Pocket Billiards)	Records		Ceramics
Relays	Singing		Crocheting
Shuffleboard	Spectator Sports		Decorations (For Parties)
Table Shuffleboard	Stories (Read aloud)		Embroidery
Volleyball	Television (Guided)		Jewelry (Simple)
CARD GAMES	HOMEMAKING		Mosaics (Gravel)
Bridge	Bed Making		Needlecraft
Cribbage	Dusting		Pom Pom Rugs
Hearts	Mending		Rug Making
Pinochle	Sweeping		Stenciling
Poker	Table Setting/Clearing		Weaving (Two Harness)
Rummy	Washing		Woodworking
Sheephead			Yarn Animals
Whist			
WOODWORKING	CRAFTS		
Birdfeeders	Block Printing		
Carving and Whittling	Braiding		
Fences	Ceramics		
Game Boards	Crocheting		
Lamps	Decorations, for parties		
Picture Frames	Embroidery		
Reachers	Jewelry (Simple)		
	Mosaics (Gravel)		
Activities for Ambulatory Confused Individuals	Needlecraft		
GENERAL	Pom Pom Rugs		
Auto Rides	Rug Making		
Bird Feeding	Stencil		
Bird Watching	Weaving (Two Harness)		
Books (Illustrated)	Woodworking		
Church	Yarn Animals		
	GAMES		
	Ball		
	Bean Bag Toss		
	Bingo (Magazine and Music)		
	Bowling		
	Guessing Games		
	Horseshoes		
	Relays		
	Ring Toss		

Budgeting Requirements

The budget for your activities program must be prepared in cooperation with the administrator. It is up to you, however, to prepare a basic suggested budget which will cover equipment,

supplies, and salaries. In this manner the administrator will be able to best determine budgetary limits.

Your budget is divided between nonexpendables and expendables. Nonexpendables include basic furnishings (tables, chairs, etc.) and basic equipment (phonograph, table looms, etc.) Expendables are comprised of general supplies (paper, paints, etc.) and personnel salaries and wages.

Your budget, of course, is limited. It is up to you, therefore, to make maximum use of funds available. Since your heaviest expenses are likely to be for nonexpendables, determine what your immediate needs are, and what items can be purchased sometime in the future. For example, if a few persons are interested in ceramics, the kiln at a high school, community center or hobby shop may be used rather than purchasing one of your own. Investigate what nonexpendables are already on hand. Do not purchase additional tables and chairs, for example, if some are available or could be adapted easily. Investigate the possibility of purchasing good used equipment. Determine if some equipment possibly could be donated. By all means, shop around to determine the best value before purchasing.

Budgetary allowances for expendables also must be based on the interests of program participants. If there is widespread interest in painting, for example, you must order and re-order items such as canvases, paints, brushes, etc. Determine if costs of such items will be borne entirely by program participants, by your facility, or shared. See if local merchants might be willing to offer special discounts. Some might be willing to make donations. Do not overlook purchasing from mail-order houses and shopping around for volume discounts.

A basic determination also must be made regarding the sale of craft projects. Revenue can be obtained from the sale of toys, paintings, ashtrays, etc. Depending on basic fiscal policy of your facility or agreements established between facility and patient, part or all of such revenues might be returned to the individual or used by a patient council for the purchase of more supplies and/or equipment.

As in all other phases of your activities program, therefore, maximizing your basic re-

sources depends on your own effective planning and resourcefulness.

Space Requirements

IT IS THE RESPONSIBILITY OF THE ACTIVITIES SUPERVISOR TO BE AWARE OF ALL POLICIES REGARDING ACCIDENT AND FIRE PREVENTION AND EMERGENCY PROCEDURES AND PRECAUTIONS.

The more space available to your activities program, the better. In most cases, however, space will be limited and it will be up to you to use to its fullest advantage the space that is available. Basically there are nine kinds of space needed. One area may serve several purposes.

Spectator Group Activities Area

Such an area could be used for large social, intellectual, religious, clean craft and like activities in conjunction with a dining room, lounge, or other area whose purpose is other than program-related activities. The area can be used only when not interfering with normally-scheduled events. It should be large enough to seat three-fourths of all those in the facility for events such as movies, concerts, Christmas programs, lectures, etc. Special planning must consider set-up and clean-up times involved, as well as other scheduled uses of the area.

Personal Activities Area

A personal activities area could be a day room near to bedrooms where there is a TV and comfortable chairs for reading or letter writing. It also could be used for activities such as individual crafts or games, and therefore should have tables to seat four people.

Quiet, Private Area

There should be a room which is comfortable and can allow for quiet and privacy. If desired, for club and committee meetings, clean crafts

and quiet group games. Depending on the activity to be performed, some storage areas might be necessary. Such an area also could be used as a day room, library, staff meeting room, etc. Good lighting is essential. In large homes especially, several such areas should be available.

Noisy Recreation Area

Provision should be made for an uncluttered area, removed from bedroom areas, and near the hub of the facility's activities to permit noisy recreation. Size of such an area depends on the number of persons who would be participating there and the types of activities planned, such as pool, indoor horse shoes, shuffleboard, rhythm band, etc.

Preparation Area

Preparation area is space where donated supplies can be examined, labeled and otherwise prepared for storage or program use; where party decorations can be left to dry, and where all power equipment would be kept. Such an area could be part of a larger activities area.

Area for Diversional, Work-Type and Volunteer Service Activities Which Tend To Create Clutter, Dust and Noise

If you intend to include a program of noisy, "dirty" crafts, you need an area that can be used solely for your program. Multiple usage (also being a dining room, for example) creates inconvenient time and clean-up requirements which would defeat the purpose of the room. Because of the variety of equipment which would be needed, the Public Health Service's Nursing Home Branch advises allowance of 36 square feet per person who would be in the area at one time.

Such an area should be near lavatories but removed from bedroom areas. It also should meet the following considerations if applicable:

LIGHTING

It is recommended that a combination of natural, fluorescent and incandescent lighting be used. Fluorescent alone tends to distort and confuse distance judgment due to the absence

of shadow. More light is needed where high eye-hand coordination is required, such as in woodworking, sawing, etc.

CLIMATE CONTROL AND VENTILATION

Provision should be made for even heating and cooling. Special consideration should be given for the removal of noxious odors and dust, especially in craft areas.

ELECTRICAL WIRING

Sufficient electrical outlets should be allowed for maximum mobility of equipment. Placing outlets at six-foot intervals is recommended. The planning for a 220-volt outlet, as required by an electric kiln, must take into consideration traffic patterns and the heat generated by the equipment using the outlet. A light warning system in the corridor should be installed to indicate when 220-volt equipment is in use.

SPACING

Aisles and work areas must be large enough to permit wheelchairs to pass one another.

COMMUNICATIONS

A telephone should be installed to permit staff or volunteers to place or receive calls without leaving the work area as well as for emergency communication.

Outdoor Recreation Area

An outdoor recreation area should have a smooth, paved surface and be level to permit individuals to walk without tripping. There should be an easy transition from paved areas to grassy areas to prevent tripping. Grassy areas also should be level.

The outdoor recreation area can be used for picnics, shuffleboard, horseshoes, croquet, gardening, religious activities, etc.

Furniture for the area should be sturdy and nontippable.

Office Area

An office area should be provided for you to keep track of records, correspondence, etc. A telephone and a writing surface are needed as well as a lockable drawer in a desk, or a lockable file cabinet to keep privileged information.

Storage Space

It is essential that adequate storage space be available. The amount required depends on the type program being undertaken. All regularly-used items which cannot be left out must be stored in an area near where they are used. Those items which are used only on occasion can be stored relatively distant from their areas of use. Special storage areas must be provided for storage of edged or otherwise dangerous equipment.

Flammables, for example, must be stored in metal cabinets. Large metal cabinets also may prove useful for storage in areas where additional space is needed.

Basic Equipment

Some of the basic equipment you will need includes:

TABLES

Tables should be at a comfortable working height and tall enough to accommodate a wheelchair.

CHAIRS

Chairs with and without armrests, should be sturdy, nontippable and have a straight back for support and proper posture.

DESK

You should have your own desk for storage of files and personal items.

CUPBOARDS AND CABINETS

WOODWORK BENCH

BULLETIN BOARD

PORTABLE BLACKBOARD

SINK

One which is cleaned easily and which has counter space on both sides.

SEWING MACHINE

Some enjoy the treadle type, but electric also are necessary.

TABLE LOOMS

Also consider storage area they require when not in use.

NEEDLECRAFT EQUIPMENT

Some needlecraft equipment includes sewing and knitting needles, scissors, embroidery hoops, crochet hooks, thimbles, etc.

WOODWORKING TOOLS

Some basic hand woodworking tools include a cross-cut saw, hammers, mitre box, screwdrivers, planes, hand drills, sanding blocks, C-clamps, etc. If power tools are used, they must have locks to prevent them from being turned on without knowledge of the person in charge.

MISCELLANEOUS CRAFT EQUIPMENT

Some miscellaneous craft equipment includes paint brushes, leather working tools, etc.

Another basic craft program is ceramics. If sufficient individual enthusiasm is noted, a kiln should be included as a basic craft need.

MISCELLANEOUS NONCRAFT EQUIPMENT

Some miscellaneous noncraft equipment includes:

Piano

Phonograph and Records

An inexpensive, reliable portable might be an appropriate first purchase. Be sure service is available.

Sound Movie Projector and Screen

Jigsaw Puzzles

For patients with poor vision, adult puzzles with large pieces.

Games

Some basic games include bingo, dominoes, cards (regular and jumbo), checkers, cribbage, horseshoes, adapted bowling, Scrabble, etc.

Party Equipment

Barbecue grill, ice cream freezer, popcorn popper.

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The Role of the Administrator

The administrator sets policy for every aspect of activity in the long-term care facility. He determines basically what is available in terms of funds, space, equipment and supplies. He should be kept informed of the progress of the activities program. Approval of the administrator is necessary for any major undertakings such as parties, open houses, art shows and similar activities. He also must approve any activities which involve individuals leaving the facility for tours, outings, picnics, etc. As this may involve insurance and legal policies be sure to allow plenty of lead time.

Consultants Available to the Supervisor

In carrying out an activities program, questions arise that need answering. Do not guess. Do not assume. Check with the person who is best able to answer your question.

In addition to the administrator, the following people are your consultants.

Physician

It is necessary to obtain a physician's approval (in writing) for including anyone in activities which require active participation. A physician can suggest types of activities which could prove most beneficial, as well as those to be avoided. Any physical or emotional changes you note in an individual participating in your program should be reported according to the policy in the facility.

Social Worker

A social worker can help interpret the causes and effects of a person's emotional problem, as well as suggest methods of involving an individual in an activity which will help overcome the problem. The social worker also can advise on methods for promoting more effective social interaction in group activities.

Charge Nurse

It is the charge nurse's responsibility to know a person's physical condition before and after activity participation. Very often the charge nurse is the most knowledgeable health professional available and therefore should be advised of physical or emotional changes you note in activity participants. In addition, check with the charge nurse prior to scheduling activities to avoid any schedule conflicts.

Occupational Therapist Registered (OTR)

The OTR may be your primary consultant and can evaluate an individual and determine his capacities, abilities and potential, and help you establish specific activities and goals. The OTR shows you specific techniques of remotivation and rehabilitation and answers questions about improving responses of activities participants.

Physical Therapist

Like the OTR, the qualified physical therapist can help you determine which activities are most beneficial in helping an individual to overcome a specific physical handicap or disability. He may suggest adaptations to regular activities which will make them even more beneficial. The physical therapist also may advise you of individual capacities, limitations and potential, and may help you align the goals of your activities program with the goals of the patient's physical therapy program.

Therapeutic Recreation Specialist

The therapeutic recreation specialist advises you of activities which will most interest a person. He also can advise on specific methods of motivating a person to join in group activities, or on adapting the activity to the person's limitations. In addition, he can advise on community and volunteer resources.

The above list is partial. Many others might be on hand and be able to act as consultants. By the same token, fewer than the above may be available. In either case, seek advice from all available. In no case, should you proceed if you

are unable to find satisfactory answers to key questions.

Staff and Volunteers Needed

The range and diversity of your activities program will be shaped to a great extent by the manpower available for its implementation. Because individual needs and requirements vary, as well as participants' general abilities, only an estimate can be made of hours which can be allotted per person per week. What is right for your program and your facility can be determined only by you and your own experience.

Using Volunteers Effectively

(Note: For a fuller discussion, refer to publications of the American Nursing Home Association, the American Red Cross, and the American Hospital Association.)

We cannot overemphasize the importance of having volunteers in an activities program. Volunteers form a necessary and vital link between the community and those in your facility. Volunteers bring with them an unselfish concern which tells those they serve that the community has not forgotten.

You may be called upon to establish and/or direct the volunteer program in your facility. This requires planning. Legal and insurance aspects of using volunteers should be cleared before a program is begun in any way. The administrator, charge nurse and consultants should be brought in on planning and implementation. Policies regarding the facility and "teens" rights and responsibilities need to be established, written and distributed.

The next step is to recruit volunteers. Know how many are needed. Do not recruit more than you properly can train, supervise and utilize.

Sources of volunteers are: your own personal friends, friends of staff and patients, community groups, religious organizations, etc.

First contact should be made in person or by phone. If not enough prospects can be found, then go to the less selective method of distributing press releases to local newspapers and radio stations stating your desire to obtain volunteers.

It is imperative that each prospect be carefully interviewed and screened. At the initial interview, inquire of the prospect's background—education, physical fitness, other volunteer work and reason for volunteering now. Determining what hours the prospective volunteer will be able to work, and the dependability of transportation. Also, pinpoint the prospective volunteer's areas of interest by using a general list of activities offered by your program.

Most volunteers need initial orientation—to the facility itself and to the rationale and philosophy of your activities program.

Give volunteers a tour of the facility and introduce them to personnel with whom they might come into contact. Discuss what it means to have a long-term illness. Carefully detail standards you expect from volunteers, especially regarding relationships with program participants and being faithful to promised time allotments. Volunteers must be made to feel that many people are depending on them, and, because they are volunteers, that they provide an intangible emotional reassurance to individuals in your facility which paid staff members cannot duplicate. Emphasize that by becoming volunteers, they have assumed a responsibility.

The time a volunteer can give and general ability of each determines the amount of responsibility which can be assigned. For those with limited time or ability, the role of friendly visitor is most suited—mainly talking with people, writing letters, and other person-to-person functions. To maximize beneficial results, try to match areas of volunteer interest with interests of those being assisted.

Before volunteers can take on more responsible duties, they must be trained. This requires understanding and patience on your part. There are, however, practical limits to the duties and responsibilities assigned volunteers. They should not, for example, be given sole responsibility for any long-term activity.

In no case may a volunteer have access to pa-

tients' charts and records. Such materials contain privileged information.

For volunteers to work at their peak, they must be enthused about their work. Interest can be initiated by matching the volunteer's job with areas of expressed interest or past experience. Continually observe volunteer attendance sheets. In case of absenteeism, inquire of the cause. It could mean loss of interest.

To keep interest high, set up long-range goals in terms of short-range projects. In this way the time between project beginning and completion is marked by many small successes. The one or two inevitable failures or frustrations can be overcome easily.

It is also necessary to maintain effective communication and planning. At regular meetings request ideas and suggestions for improvement or change. You might wish to change or increase the duties of volunteers to present them with greater challenges.

Another essential factor in encouraging volunteers is reward. They find satisfaction in the work itself. Nonetheless, volunteers receive a special satisfaction when their ability to help others is recognized. You might wish to honor your volunteers with special ceremonies, a party, or perhaps by the presentation of a small award or present. Remember to thank each volunteer at the end of each day's work.

Developing an Activities Schedule

Effective activities schedules are not subject to hard and fast rules. There are too many variables—number of participants, their abilities and disabilities, staff and volunteers available, equipment and supplies on hand, etc.

N nonetheless, there are certain steps you can take to make your activities schedule as responsive as possible in terms of what is needed and what is available.

Criteria for Selecting Activities

In selecting an activity, either for individual or group participation, there are certain criteria

which must be considered. These criteria can be analyzed in terms of what the individual needs and what a certain activity can provide. This analysis can be used for deciding to put an individual into a certain group, or for programming an activity for specific needs. Analysis is broken down as follows:

PHYSICAL CONSIDERATIONS

1. Does the individual need
 - a. action rather than position?
 - b. repetition of motion?
 - c. graduation from easy to difficult, or the reverse?
 - d. strengthening?
2. Are the demands of the activity compatible with or adaptable to individual ability regarding
 - a. motions required?
 - b. endurance required?
 - c. coordination required?
 - d. dexterity required?
3. Does the activity fulfill the individual's physical needs?

EMOTIONAL CONSIDERATIONS

1. Does the individual need
 - a. mental stimulation or calming?
 - b. release from tension or anger?
 - c. an opportunity for social interaction?
2. Are the demands of the activity compatible with or adaptable to individual ability regarding
 - a. degree of complexity involved?
 - b. degree of creativity required?
 - c. attention span required?
 - d. understanding of directions (written and/or spoken) required?
3. Does the activity fulfill the individual's emotional needs?

In addition, each activity should be:

- 1.

Once individuals have been matched with activities, all with the physician's approval, begin planning on a large blank calendar for the upcoming month.

Establish who will be available to work with the activities program, on what days, and for how long. This includes yourself, your staff and volunteers. In the case of volunteers, also indicate their areas of interest and competence. In addition, generally be aware of workload and staffing patterns of nursing, food service and maintenance personnel.

Scheduling the Activities

Determine which persons will require individual attention, on what days, for how long, and who will supervise the activities. Coordinate individual activity with nursing and housekeeping routine.

The next step involves scheduling group activities. Ascertain which participants have no time restrictions and which do. For those with time restrictions, limitations will be in the form either of prior commitments, such as regularly scheduled physical therapy, or physical and/or mental disability (the person easily may be fatigued or confused.)

Those whose time limitations consist of prior commitments pose no problem in scheduling. Certain hours simply are not available. For those whose limitations are mental and/or physical, activity scheduling requires careful planning. Activities must be spaced throughout the day so as not to use up all available time and energy at once, thereby creating long periods of boredom for the remainder of the day. At the same time, consider (or consult others regarding) which activities are most appropriate, as one fifteen-minute activity might require more energy than an hour-long activity.

In filling out your schedule for group activity, always indicate amount of preparation and clean-up time necessary. This requires your knowledge of housekeeping schedules, kitchen staff schedules, etc.

Your initial step is to indicate those activities which of themselves necessitate scheduling at certain times in certain areas. As examples, re-

ligious activities take place on Sunday, with perhaps regularly-scheduled Bible readings or discussion every Wednesday. There might be a movie scheduled every Friday evening. The facility newspaper, if monthly, requires certain preparatory activities on specific days. Similar regularly scheduled activities might include club and committee meetings, music activities, or a monthly party for all celebrating a holiday in the month.

In addition, there are seasonal activities which require certain planning periods. Such activities are picnics, open houses, cutings, political events, tournaments, award functions, etc.

Once all regular scheduled activities have been indicated, along with the personnel necessary for their supervision, other group activities can be planned.

In choosing activities, make selections based on their interest to the participants, time, space and manpower required for their supervision. Once you have determined what types of activities are best (crafts, recreation, etc.), let the individuals select specific activities.

Recreational games are the most flexible, as they can be geared to virtually any situation.

Crafts also are flexible, but usually are limited by degree of difficulty, location and clean-up time necessary. A craft project can be completed either at one sitting, or could require several periods. In case of a long-term project, carefully check that ultimate completion is not delayed by conflict with another activity. Accomplishment is a vital part of your activity program, and its beneficial effect should not be put off and possibly lost.

Finally, do not forget the important individual need for personal activities such as solitaire, puzzles, letter writing and reading. Such activities also are especially useful as "fillers" when supervisory staff is pressed for time.

Integration into Total Facility Program

Once the schedule has been completed, it is subject to review by the administrator and heads of the various departments, or their representatives.

Just as virtually everyone in your facility somehow is affected by your activities program, virtually everyone in the facility has an effect on its success. Therefore, the administrator and department heads should be given the consideration of viewing the schedule and making suggestions.

Your major concerns are to enlist their enthusiasm and support and to avoid conflicts with other schedules. As examples:

Is the time you have selected for cooking activities best for the dietary department?

Are craft area hours convenient for the housekeeping department?

Will sufficient food service and nursing personnel be on hand to help you with a party or open house?

Do not make assumptions which later could cause "hard feelings" or confusing last-minute schedule changes.

Once the schedule has been approved by all affected department heads, have copies made and distribute them to the various departments. In addition, post copies on appropriate bulletin boards.

Remember, an activity which requires use of the supplies, equipment or personnel of any other department must not be undertaken without prior approval of the person in charge of the affected department.

Assigning Volunteers and Staff

Once the program schedule has been approved, it is necessary to implement it. The key to successful implementation, again, is thorough planning on your part, and communication.

First, with planning, each scheduled activity must be divided into jobs. For example, a group activity might require three basic jobs—giving instruction, supervision and clean-up. You might want to give instructions, but then let one or two others supervise, and assist in the clean-up. Another activity might require five or six basic jobs, but they all might be carried out by one person.

Therefore, assign staff and volunteers to jobs within the activity. Clearly indicate who is

responsible for what, and who will be supervisor for the activity.

Be as precise as possible in determining time allowances for the performance of each job and each activity.

At the beginning of each day, go over the day's scheduled activities and inquire about the events of the previous day. Request "feedback" from volunteers and staff. Check to see if the time allowance was sufficient. If the activity or job took longer or shorter than planned, make proper adjustments in the time allowance for the future. Ask about any problems that might have been experienced. Ask for ideas on how the job or activity could be improved. Through observation, check if those who supervise or have responsibility for a job or activity are interested and capable. Some might be ready for more difficult duties.

By combining planning for long-range goals in a system of short-range, specified jobs and activities, you will ensure maximum utilization from the manpower available to you.

Records

Records are an invaluable element in the planning, implementation and evaluation of your program.

In addition to budgetary, equipment and supply records, there are four basic forms which can be used.

Your facility's "Patient Care Ref. 1) and "Patient Information" form contain valuable information which will define the individual's needs, abilities and interests. Information should be made available to you as soon as possible.

The "Activities Program Attender 3) is used to record an individual's participation in activities. By checking can gauge the interest of the total different activities as well as the participation of any individual.

The "Activities Program Monthly Events" (Fig. 4) is used to indicate plan of activities for the upcoming activities should have been checked.

at an organizational meeting to ensure that the activities in question create no conflicts with the smooth running of the facility. Such a program should be posted on a central bulletin board and be given to the various department heads, your consultants, and others directly involved, including volunteers. It also can be used in conjunction with the individual "Activities Program Attendance" form to cross-check what specific activities were participated in.

Keeping the Program Effective

The continuing effectiveness of your program requires constant alertness and growth on your part.

Records must be checked on a regular basis to ensure that interest is being maintained by all participants. At the same time, those individuals who have shown steady progress should not be limited. Now, more advanced activities should be planned, both in the scheduling and training of personnel involved and in budgetary considerations.

You also should make efforts to increase your own knowledge and skill. Whenever possible, read what literature is available, attend educational or training sessions and visit other facilities to see what other activities supervisors are doing in their programs.

You also might wish to formalize certain programs to give them an independent basis. For example, tournaments might be held, developing into seasonal or even annual events. Award systems might be developed for volunteers and other staff members. By establishing such formalized activities, some planning is made automatic to give you more time for planning and development elsewhere. At the same time, of course, always seek means to improve such activities, as they might tend to become stagnant.

The key to keeping your program effective, therefore, is to make it a constant challenge for individual participants. New projects and activities should be tried. Simple repetition of activities which have been mastered day after day, too often can lead to the very boredom and dullness which the activities program, in large part, is intended to overcome.

PATIENT CARE REFERRAL			
Name _____ Birth _____ (Last) _____ Date _____ Sex _____ S.M.W.D. _____ Home _____ Address _____ Directions _____ Floor _____ Apt. _____ Tel. _____ Responsible Relative or Guardian _____ Address _____ Tel. _____ Physician in Charge _____ After Transfer _____ M.D., City _____	Hospital No. _____ Transferred From _____ Station or Clinic _____ Address _____ Date of Admission _____ Date of Transfer _____ Transferred to _____ (Hosp., Nursing Home, Agency) Address _____ Claim No. _____ Clinic _____ Appt. _____ Date _____		
II. Advised of transfer and consent given by _____ <small>(Parent) _____ (Relative) _____ Date _____</small>			
III. (Check, explain) Impairments Disabilities _____ Mentality _____ Amputation _____ Speech _____ Paresis _____ Hearing _____ Contracture _____ Vision _____ Decub. Ulcer _____ Sensation _____ Incontinence _____ Bowel _____ Bladder _____ Activity Tolerance Limitations None _____ Moderate _____ Severe _____	Patient knows diagnosis? _____ Last Chest X-ray Date _____ Attachments: Diet List _____ Lab. Report _____ Exercise Program _____ X-ray Report _____ (Give Dates) IMPORTANT MEDICAL HISTORY AND PROGNOSIS (State allergies if any)		
ORDERS FOR ACTIVE CARE			
<u>BED</u> Position in good body alignment and change position every _____ hrs. Avoid _____ position. Prone position _____ times/day as tolerated. <u>SIT IN CHAIR</u> _____ hrs. _____ times/day. Increase as tolerated _____.	<u>PHYSICIAN'S ORDER (Diet, Drugs, etc.)</u>		
<u>SELF CARE</u> Maintain _____ Improve _____ Level. Interpret progress to family _____.			
<u>WEIGHT BEARING</u> Full _____ Partial _____ None _____ on _____ leg.			
<u>LOCOMOTION</u> Walk _____ times/day. Increase as tolerated _____.			
<u>EXERCISES</u> Range of motion _____ times/day to _____ by patient _____ nurse _____ family _____ Other as cuffed or attached _____ Stand. _____ Min. _____ times/day.			
<u>SOCIAL ACTIVITIES</u> Encourage group _____ individual _____ within _____ outside _____ home.			
Transport: Ambulance _____ Car _____ Car for handicapped _____ Bus _____			

Developed by Minneapolis Physician's Big...
Health Department 1986

Date _____

FIGURE 1.- "Patient Care Referral" form.

PATIENT INFORMATION

Bed Activity	Independent	Needs Assistance	Unable to Do	SELF CARE STATUS	
				Check level of performance. Use S in column for supervision only. Draw line when item is currently inapplicable.	
Personal Hygiene				1. Turns	
				2. Sits	
				3. Face, Hair, Arms	
				4. Trunk & Perineum	
				5. Lower Extremities	
				6. Bladder Program	
				7. Bowel Program	
				8. Upper Trunk, Arms	
				9. Lower Trunk, Legs	
				10. Appliance, Splint	
Dressing				11. Feeding	
				12. Sitting	
				13. Standing	
				14. Tub	
				15. Toilet	
Transfer				16. Wheelchair	
				17. Walking	
				18. Stairs	
19. PERSONAL INTERESTS		Music _____			
Group Singing _____		Group Games _____			
Crafts _____		Radio and TV _____			
Plays Instrument _____		Art _____			
Other _____					
20. MENTAL STATUS		Lonely _____			
Alert _____		Forgetful _____			
Confused _____					
Other _____					
21. COMMUNICATIONS ABILITY (Yes, No)					
Speaks and Understands _____					
Writes Intelligibly _____					
Understands Writing _____					
(If No or any limitations, described)					
Responds to Gestures (describe) _____					
22. OTHER NURSING INFORMATION					
about diagnosis, medications, treatments, medical history, habits, preferences, condition on discharge, etc.					
23. EQUIPMENT					
Side Rolls Bedboard _____ Footboard _____					
Long R. _____ L. _____ Short R. _____ L. _____					
24. BED: Low. _____ Mattress: Firm. _____ Reg. _____ Other. _____					
V. SOCIAL INFORMATION (Adjustment to disability, emotional support from family, motivation for self care, socializing ability, financial plan, family health problem, etc.)					
Agencies Active. _____		Sig. _____			
Nurse's Sig. _____		Tel. _____			

FIGURE 2.—"Patient Information" form.

ACTIVITIES PROGRAM ATTENDANCE

DATE _____ THRUOUGH _____ ACTIVITIES SUPERVISOR _____

FIGURE 3.—"Activities Program Attendance" form.

ACTIVITIES PROGRAM MONTHLY CALENDAR OF EVENTS

Month _____, 19____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							
EVE.							
AM							
PM							
EVE.							
AM							
PM							
EVE.							
AM							
PM							
EVE.							
AM							
PM							
EVE.							

Activities program monthly calendar of events.

Instructions for Selected Activities



Motivating an Individual To Participate

NO INDIVIDUAL SHOULD BE REQUIRED TO PARTICIPATE IN ANY ACTIVITY.

Knowing a person's interests, past or present, does not guarantee that he will want to participate in an activity of similar nature. There are a variety of reasons why he might be disinterested. He may lack confidence, fear failure or being laughed at, or he may just be completely withdrawn into his own problems, real and imagined.

There are several avenues open for you to involve an uninterested individual in activities.

First, you must show enthusiasm and the conviction that the individual can participate on a par with others. If attempts at persuasion fail, and if the activity is of particular interest to the individual in light of his past experience, and present abilities, ask him, for example, to help explain facets of procedure to you. Your own happiness might encourage him to demonstrate for you. He then might be willing to demonstrate other steps, and, before long, realize his own capabilities and be willing to join in. You also may ask him to help someone else in the activity, acting as an assistant instructor.

Another method of involving a reluctant individual requires inventiveness and subtlety. If, for example, an individual wants absolutely nothing to do with any activities and only wants to sit and watch television all day long, you can stimulate his involvement by using his own desires. You might question him about the program he just watched, asking him what he felt about certain characters. You might have several people watch the program and conduct a discussion group afterward. If a game show is watched, you might wish to perform the game show in your facility. In other words, you must find a way of channelling an individual's immediate desires into related activities which eventually can lead the way to more general activities and social interaction.

Remember, it is imperative that an individual's interests be maintained. Initial interest is no guarantee of continued interest. You should attempt to make a program as varied and involving to a person as possible.

To ensure that a participant's interest is being maintained, check his activity record. If there are periods of unexplained absence, it could indicate a lack of interest or perhaps a problem with one member of the group. Ask the individual what the problem is and seek solutions.

Also, be sure to check with staff, volunteers, other program participants and family if the person involved may have mentioned something about a like or dislike in the activities program. Constantly help an individual to participate, to meet challenges, and to succeed.

Teaching an Activity

There are five basic steps in teaching to be followed for either individual or group instruction. The five steps are:

Preparation

It is essential that you be thoroughly prepared for teaching the activity. Know your subject well, be it a craft or a game. Have at hand all the equipment you will need—materials, tools, or recreational necessities such as balls, blindfolds, etc.

Orientation

Explain the purpose or general idea of the activity. If a craft is involved, show the finished object and explain what tools are used and how they are used in making the product. If a recreational activity is involved, explain the goal. For example, in Chinese Checkers, the goal is to move your marbles from one point of a star to another.

Demonstration

Show the procedure. Go through the process step-by-step, explaining what the purpose is for each step. If there are some shortcuts that can be taken, demonstrate them only if the person learning will not become confused. If possible,

Incorporate a shortcut into the actual demonstration, showing the one shortcut without demonstrating the normal routine.

Initial Supervision

Once you have demonstrated, have those involved go through the procedure step-by-step, until it is done correctly. You might have to have participants try each step after you demonstrate, then go through the process again.

Summation

Go through the procedures again, have the individuals go through again, and ask for any questions.

There are several "tricks of the trade" which will make the teaching process simpler and more effective.

1. Double and triple check your preparation.
2. If applicable, seat participants in a comfortable position with good lighting for work.
3. If possible, sit beside an individual so that he can see what your hands are doing, hear what you are saying, and does not feel rushed.
4. Give encouragement and honest praise. Some persons are apt to be very critical of their performance and can tell quickly when your praise is insincere.
5. Be patient. If a mistake is made in one of the steps, retrace the step. You may wish to re-teach the step for an entire group if you feel several are having a problem with it. Do not demonstrate what might happen if something is performed incorrectly. This only leads to confusion.
6. In case of crafts, have several designs on hand for individuals to work from. If original designs must be created, it could be very discouraging for those unable to create, or who feel their design to be inferior.
7. Have a sense of humor. Keep the situation light. Remind the individual that if he makes a mistake, "so what." At the same time, do not make fun of a person, or of his efforts.

Five Recreational Activities

1. Adapted Bowling

Materials Needed: Table (30 inches high); Masonite sheet (two feet by eight foot); half-inch thick plywood sheet (two feet by eight foot); ten large wax paper milkshake containers; two rubber belts (three inch diameter).

Construction Required: The adapted bowling alley is constructed by nailing or gluing the Masonite to the half-inch plywood. You may wish to embellish the Masonite with paint.

Number of Participants Involved: The number of participants who can be involved is almost unlimited, although it is suggested that the number be kept to no more than fifteen or twenty, depending on the rules you establish.

Rules of Play: The rules of play can vary considerably. In general, participants are in a circle around the bowling alley (fig. 5), the alley being turned to face each individual, rather than having the individual move.

Each person has five turns, one turn at a time in rotation. He throws two balls on each turn. In

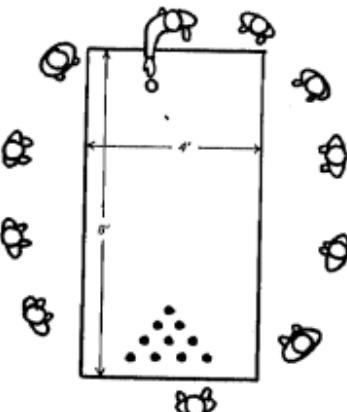


FIGURE 5.—Adapted "bowling" alley and players. Alley rotates to accommodate players.

scoring, a point is received for each pin knocked down, except that twenty points are given if all ten pins are knocked down on the first roll of the ball in any given turn. A total of one hundred points is possible. Participants can play as individuals, or in teams.

2. Shuffleboard

Materials Needed: Eight wooden discs (quoits) (eight inch diameter, $\frac{3}{4}$ to one inch thick); four shuffleboard sticks (purchased or made); paint.

Construction Required: Discs are simply made in crafts or by a carpenter. Four are painted red, four blue.

Shuffleboard sticks can be purchased or made by affixing to the end of a mop or broom handle a block of wood eight and one-half inches wide by six inches long by one and one-quarter inches thick, one end being made concave to fit outer edge of disc, with the bottom of the shooting end planed to a forty-five degree angle (fig. 6).

Shuffleboard base usually is a floor inside or a concrete surface outside (heavy oil cloth or plastic also can be used). The diagram is painted (fig. 7). Note that length of area can be shortened if necessary.

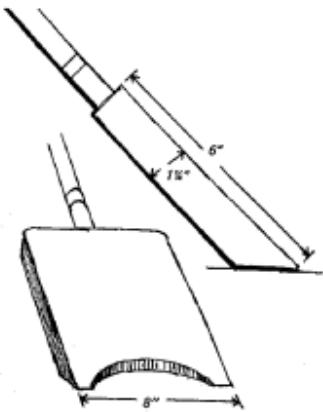


FIGURE 6.—Shuffleboard stick head.

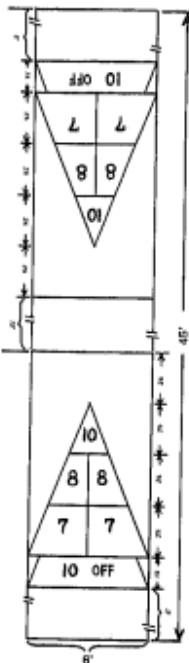


FIGURE 7.—Shuffleboard diagram and dimensions.

Rules of Play: Four persons play at one time, two being designated the blue team, two as the red. One blue player and one red player are at either end of the court. All eight discs are at one end of the court. Players alternate pushing the discs, first one blue disc, then one red disc, one blue, etc. If the red player is first to play a disc, then blue player on other end of board pushes disc first when play begins at that end of board. Such alternation is necessary as a player may hit opponent's discs out of scoring position with his disc.

Scoring is determined by position of discs after all eight have been played. Discs which are on the line receive the lower of the two scores indicated. The game is complete after 21 points (or whatever specified sum is set) is reached.

3. Balloon Volleyball

Materials Needed: Net (or cord) long enough to be suspended between two walls at a height of four to four and one-half feet from the ground.

Construction Required: The net or cord must be suspended between two walls at a height of four to four and one-half feet from the ground.

Number of Participants Involved: The maximum number of participants involved is 18, nine to a side in rows of three.

Rules of Play: A like number of individuals is on either side of the net. Play starts when server taps balloon into the air with the object of getting it over the net. If the balloon does not go over the net on the initial serve, two more taps are allowed to other players. If the team which serves fails to get the balloon over the net in three taps, or if the balloon touches the floor, or if the balloon is tapped by the same person twice in succession, the team which is serving loses the balloon and the other side has the serve. No points are scored. If the team which is receiving fails to return the balloon within three taps, or if it drops the balloon or has a player touch the balloon twice in succession, then the team which is serving receives a point and serves again. Only the team which is serving is eligible to score points.

If conditions merit, players may rotate position. The game is won by the team scoring 21 points, or whatever number is agreed upon.

4. Relays

A relay is an active group game in which mild competition and team spirit can be developed.

There are several varying types of relays, with the only equipment needed a baton, which could be a cut-off broomstick, a ball or some similar relaying device.

The specific relay which you choose depends on the general physical abilities of those involved. Some relays involve more endurance and/or dexterity than others.

As shown in fig. 8, two teams face one another man-for-man. The baton is moved from left to right, then, once having gone from one end to the other, moves back to its original position. A variation of this relay, demanding a great deal

more dexterity, requires that the baton (a shoestring) be loosely tied by the "passer" around the "passer's" wrist. "Passer" then unties the baton and carries out the passer function. As usual, winning team is signified by the one whose lead-off man is first to regain possession of the baton.

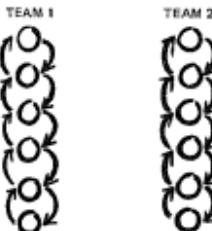


FIGURE 8—In this type relay, the baton is passed from left to right, from one end of the line to the other, then back again. A shoestring-tying variation requires more dexterity.

The relay shown in fig. 9 requires more movement than above, but can be played by less players. The teams are side by side, each lead-off man equidistant from a wall, chair or similar device. The lead-off man takes the baton, moves to the goal, touches it, returns and hands the baton to the next in line, then proceeds to the end of the line. The team whose lead-off man is first to return to the head of the line, wins.

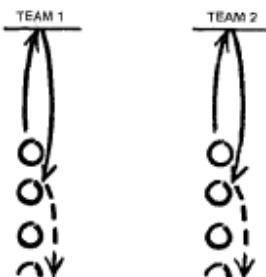


FIGURE 9—In this type relay, lead-off men takes baton, goes to end and touches goal, then returns and passes off baton to next person in line. Lead-off men goes to the end of the line, while relay action continues. Game is over when lead-off man returns to front of line.

5. Group Exercises

Group exercises are used to maintain and promote general physical fitness and mobility. The amount of time spent on exercising depends on the composition of the group involved. Remember that energy expended by an individual must be conserved to provide ability to participate in various activities throughout the day. At no time should you allow an individual to become fatigued. No individual may participate in exercises without prior written approval of the attending physician.

The following exercises can be performed from either a standing or sitting position. Those unsteady on their feet should sit. Each individual needs side space equal to fingertip-to-fingertip distance of outstretched arms.

DEEP BREATHING EXERCISE

Participants inhale while leader counts to four. Participants exhale while leader counts to four.

HEAD BOWING EXERCISE

On the word "ready," head is in upright position.
On the count of 1, lower head until chin touches chest.
On the count of 2, raise head to "ready" position.
On the count of 3, put head back as far as possible.
On the count of 4, return head to "ready" position.

HEAD TWISTING EXERCISE

On the word "ready," head is in upright position.
On the count of 1, move head to right, right ear touching right shoulder.
On the count of 2, return head to "ready" position.
On the count of 3, move head to left, left ear touching left shoulder.
On the count of 4, return head to "ready" position.

SHULDER SHRUG EXERCISE

On the count of 1, participants raise shoulders.
On the count of 2, participants lower shoulders.

SHULDER EXERCISE

On the word "ready", arms are by side.

On the count of 1, raise arms in front of body, parallel with feet.

On the count of 2, move arms to the side, perpendicular to legs.

On the count of 3, raise arms over head, palms touching.

On the count of 4, return arms to "ready" position.

ELBOW AND SHOULDER EXERCISE

On the word "ready," arms are by side.

On the count of 1, raise arms in front of body, palms upward, parallel to feet.

On the count of 2, bend elbows and touch finger tips to shoulders.

On the count of 3, return arms to #1 position.

On the count of 4, return arms to "ready" position.

CLOSE AND OPEN HAND EXERCISE

On the count of 1, make fist.

On the count of 2, open hand and spread fingers.

CHOPPING MOTION EXERCISE

On the word "ready," fold hands together on lap.

On the count of 1, swing hands upward over right shoulder.

On the count of 2, return hands to "ready" position.

On the count of 3, swing hands upward over left shoulder.

On the count of 4, return hands to "ready" position.

TRUNK TWISTING EXERCISE

On the word "ready," hands by side if sitting, on hips if standing.

On the count of 1, twist body from waist up to right.

On the count of 2, return to "ready" position.

On the count of 3, twist body from waist up to left.

On the count of 4, return to "ready" position.

TOE TAPPING EXERCISE

On the word "ready," feet are flat on floor.

On the count of 1, left heel remains on floor, raise left toes.

On the count of 2, return to "ready" position.

On the count of 3, right heel remains on floor, raise right toes.

On the count of 4, return to "ready" position.

MARCHING IN PLACE EXERCISE

On the word "ready," both feet are flat on floor.

On the count of 1, raise left foot off floor.

On the count of 2, return to "ready" position.

On the count of 3, raise right foot off floor.

On the count of 4, return to "ready" position.

The following two exercises are used only in a sitting position.

LEG ABDUCTION AND ADDUCTION

On the word "ready," sit with knees about eight inches apart, feet flat on floor.

On the count of 1, spread knees apart.

On the count of 2, bring knees together.

KNEE STRAIGHTENING EXERCISE

On the word "ready," sit with knees about eight inches apart, feet flat on floor.

On the count of 1, straighten and raise left leg.

On the count of 2, return to "ready" position.

On the count of 3, straighten and raise right leg.

On the count of 4, return to "ready" position.

Five Crafts

ALL CRAFTS WHICH TEND TO CREATE DUST AND/OR ODORS MUST BE CONDUCTED IN WELL-VENTILATED AREAS.

1. Woodworking

Woodworking can be as simple as making blocks for children, or as complicated as building a house. When selecting a project, keep the participant's ability in mind. Do not suggest overly simple projects for men with past experience and present ability to complete more involved projects.

In some cases, someone from the facility's maintenance department, from a school industrial arts department or a retired carpenter may be willing to cut out projects for woodworking

participants, thereby avoiding expense and exposure to hazards.

PROJECT A: CHILDREN'S BLOCKS

Goal: To produce varying sized blocks for children which will not be harmful if chewed upon.

Equipment needed: Sanding block; paint brush; (C-clamp)

Materials Needed: Small pieces of scrap lumber (not plywood); sandpaper, coarse and fine; vegetable coloring or nontoxic paint

Procedure: Using the coarse sandpaper, sand the wood block completely, being careful to smooth all corners and edges and to remove any loose shavings. Repeat the process using the fine sandpaper. (For a person with the use of one arm only, fasten the block to the table by means of a C-clamp.)

Clean the block by brushing.

Color the block with vegetable color or with nontoxic paint. Do not use any materials which, if swallowed, might prove harmful.

When 12 or 16 blocks have been completed, beg them in a mesh bag and use as gifts for children of friends or relatives, orphanages, etc.

PROJECT B: LAMP

Goal: To make an attractive lamp that can be used in the individual's room. (This project can be long-range, also encompassing other crafts, as done here with "Mosaics—Project A".)

Equipment Needed: Saw; hand drill (brace); bits; hammer; pliers (to strip cord); screwdriver; vise (wooden); sanding block; scissors; paint brush; ruler; pencil; equipment cited under "Mosaics—Project A."

Materials Needed: 1 sheet $\frac{3}{4}$ " plywood (capable of being cut into dimensions given below); 1 piece scrap $\frac{5}{8}$ " wood (capable of being cut into dimensions given below); 1 piece scrap 1" pine (at least 8" square); nails; sandpaper (coarse and fine); light fixture (new or old, including extension rod, socket and pull chain, brass rod, coupling, washer, threaded pipe, washer and nut, as shown in fig. 15); electrical cord; plug; felt; white all-purpose glue; paint; materials cited under "Mosaics—Project A."

Procedure: Cut wood into desired proportions, as follows:

- ¾" plywood—4 pieces, each 7" x 14"
- ½" wood—2 pieces, each 6½" x 6½"
- 1" pine—1 piece, 8" x 8"

Sand outer surfaces of wood to remove any splinters, bumps, etc. Sand edges and corners of 1" pine only.

Taking the ruler and pencil, make small, light marks on the edge of the top of the 1" pine, at the 2", 4", and 6" points. Repeat this for the other three edges. From each of these points on the edge, make a mark at 13/16" toward center. These marks form a perfectly centered outline for one of the 6½" squares. (See fig. 10.)

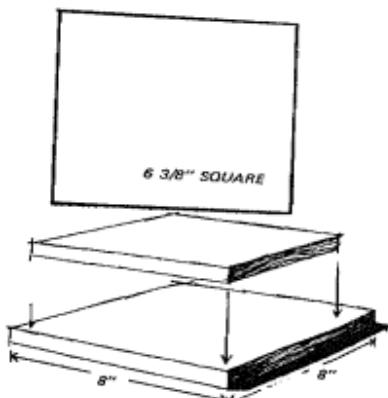


FIGURE 10.—6½" square centered and placed on 8" square.

Center the 6½" square in the outline you have just made. Nail it to the pine base.

On each 8½" square, mark the half-way point of each edge, 3½". Draw one horizontal line, from point to point, and one vertical line, from point to point, for each 6½" square. The perfect center is indicated where the lines intersect.

At the point of intersection, drill a hole with a bit whose diameter is equal to or slightly larger than the diameter of the threaded pipe of the fixture. Do this for both 6½" squares, and drill

through the 1" pine base for the 6½" square which is mounted to it.

Using your ruler and pencil, draw a line on the bottom of the 8½" square from the hole you have just drilled to a point marked at 4" on edge of base bottom.

Mount the base in a wood vice. If a wood vice is not available, use a metal vice with pieces of wood in clamp area to prevent gouging. With a saw, saw a small channel along the line you have drawn. This will form the channel for the electric cord. Then with a ½" diameter bit, drill a hole ½" deep only in center of base. (See fig. 11.)

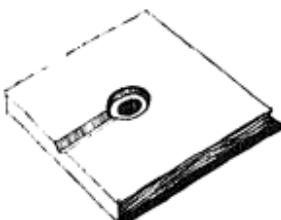


FIGURE 11.—Showing channel and fixture well.

Place one piece of the ½" plywood in the vice, longest edge up. Lay another piece of the ½" plywood on top, the edge of the top piece being even with the side of the piece in the vice. Nail the two pieces together. (See fig. 12.)

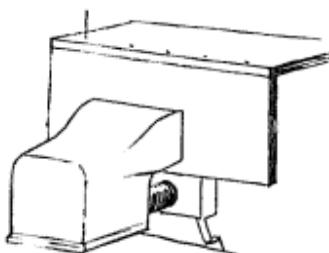


FIGURE 12.—Showing how two sides in vice, nailed.

Place the unattached $6\frac{1}{2}$ " square in the vice. Put the two pieces of $\frac{1}{4}$ " plywood into position. Nail together (See fig. 13.)

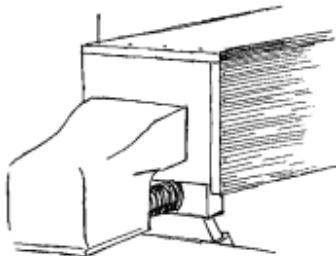


FIGURE 13.—Showing top mounted to two sides.

Place the $6\frac{1}{2}$ " square and attached $8\frac{1}{2}$ " square in vice. Nail to the $6\frac{1}{2}$ " square what has been assembled so far. (See fig. 14.)

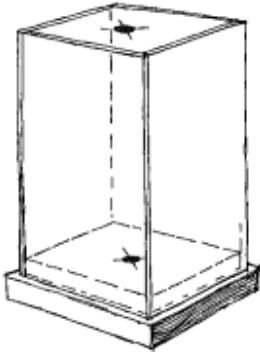


FIGURE 14.—Showing base mounted to two sides and top.

Now nail the two remaining pieces of $\frac{1}{4}$ " plywood into position.

The next step would be to decorate the box-like structure. For our purposes, we have chosen to use mosaics, and this is described as Project A, under "Mosaics"—the next section. There are many other possibilities. You will wish to paint

or stain the base, however, and now is the time to do so, choosing the desired color.

Once the lamp is decorated, perform the necessary wiring for the light fixture. If you are using an old fixture, use new cord. Do not use old cord. The wiring should be done by someone who knows what he is doing (fig. 15).

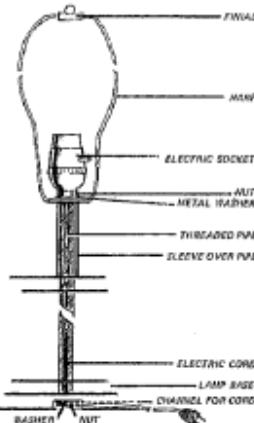


FIGURE 15.—Light fixture.

Once wiring is complete, insert cord through appropriate holes; place fixture in position with nut and washer at top; slip another washer and nut over base of cord, fasten top and bottom nuts; attach the plug to the end of the cord. Insert bulb and attach shade. (You may wish to make shade another project.) Test the lamp carefully for wiring defects. (For illustration of complete lamp, see fig. 16.)

ALL ELECTRICAL WORK SHOULD BE DONE BY AN EXPERT IN THE MAINTENANCE DEPARTMENT. DO NOT DO IT YOURSELF UNLESS YOU HAVE BEEN SHOWN HOW AND ARE FULLY CAPABLE.

Once wiring is complete, cut out an $8\frac{1}{2}$ " square piece of felt and, with all-purpose white glue, attach to bottom of lamp base.

2. Mosaics

The use of mosaics is an ancient art form. It can be done in bits of marble, glass, ceramic tile, egg shells, seeds, etc. It allows for great creative expression, but, because some might have trouble creating an original design, useful model designs should be available.

PROJECT A: CERAMIC TILE MOSAICS

Goal: To produce a mosaic design on a lamp made in woodworking project, prior to electrifying the lamp

Equipment Needed: Sanding block; pencil; ruler; empty coffee can; brush; soft cloth; canvas bag; hammer

Materials Needed: Sandpaper (coarse and fine); surplus ceramic tiles (not glazed) in several different colors; white, all-purpose glue; grout; wax

Procedure: Sand surface on which mosaics will be placed. (This already has been done in the case of the lamp.)

Trace desired design on wood, determining how much of any one color is needed.

Take scrap ceramic tiles of one color in desired quantity and place in canvas bag. Smash tiles with hammer, being careful not to break tiles too small. Remove tiles from bag. Repeat for other colors.

Making sure the surface is clean, place a small portion of the total design into place. Once it is determined that this is the design desired, glue pieces into place with white, all-purpose glue. Repeat for total design, one small area at a time.

Once all pieces of ceramic tile have been glued in place, too included mix cement in empty cof-

Now apply wax and polish. A finished lamp is seen in fig. 16.

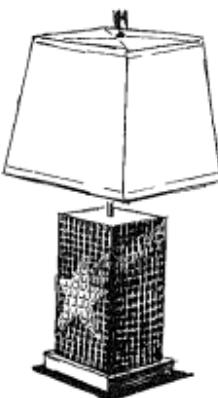


FIGURE 16.—Completed lamp.

PROJECT B: SEED MOSAIC

Goal: To reproduce a favorite picture in seed mosaics

Equipment Needed: Tracing paper; pencil; ruler; carbon paper; brush; tweezers

Materials Needed: White all purpose glue; clear plastic spray; heavy cardboard; various color seeds depending on colors to be used. Some seeds include: bird seed, various types; split peas; pistachio nut shells; celery seeds; sunflower seeds and shells; etc. Note: Rice can be dyed many different colors, if desired. Mix a small amount of vegetable coloring and water together. Drop in rice, a few grains at a time. Remove with a slotted spoon. Blot on paper toweling, and let dry on waxed paper.

Procedure: Place tracing paper on smooth surface and mark off in squares. Place marked paper over photo or magazine illustration, etc., to be copied. Trace outline. (See fig. 17.)

If figure is to be reduced, or enlarged for mosaic, mark off paper in squares corresponding to new size desired. For example, if the seed mosaic is to be twice as large as the picture

from which it is taken, and if $\frac{1}{2}$ " squares originally were used, make up new paper with 1" squares.

The design is transferred from one piece of paper to the other block by block (fig. 18).

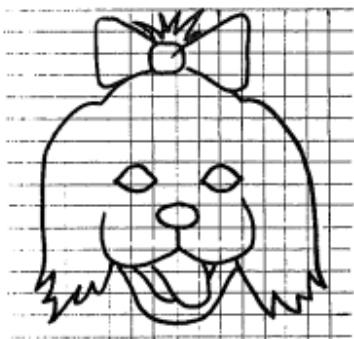


FIGURE 17.—Showing traced picture and square grid.

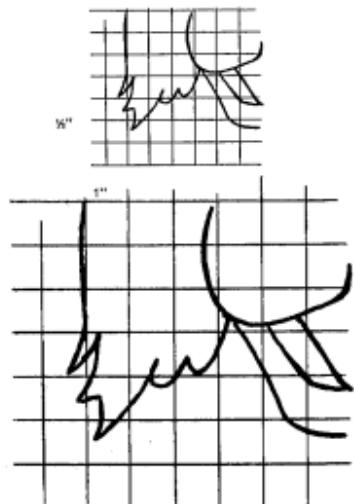


FIGURE 18.—Showing transferring of small to large.

Once the desired design is done in correct size, place carbon paper, carbon side down, on the surface on which the mosaic will be placed. Place the paper with the design over the carbon paper, end, with a dull pencil, sketch the outline of the design. Do not trace squares.

Once the design has been transferred to the surface, select a small area near the center. Cover area with white, all-purpose glue, and, using only one color at a time, place seeds in position with tweezers. Repeat for entire project, one area at a time.

Once the project (fig. 19) is complete, let dry thoroughly. Spray with several coats of clear plastic, letting one coat dry before applying the next. Note: Be sure that spray is applied only in extremely well-ventilated areas, preferably outside.

Once completed, frame as desired.

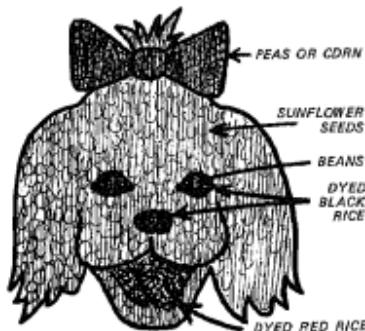


FIGURE 19.—Showing dog of seed mosaic.

3. Simple Quilts

Goal: To produce a multi-colored, tufted leproba 45" x 70"

Equipment Needed: Tapestry needle size #18 or #19; embroidery needle size #5 or #6; scissors

Materials Needed: 252 6" square pieces of non-revealing, colorfast, washable, opaque material, all material of the same weight; #3 or #5 pearl

cotton thread; embroidery thread or nylon sock and sweater yarn; old nylon hose.

Procedure: Determine pattern. For laprobe, 45° x 70°, 128 5" squares are needed. Determine what color these squares are to be. Make one square at a time.

To make a completed 5" square, cut out two 6" squares of the same material. On the face of each square, with a piece of chalk, mark the center.

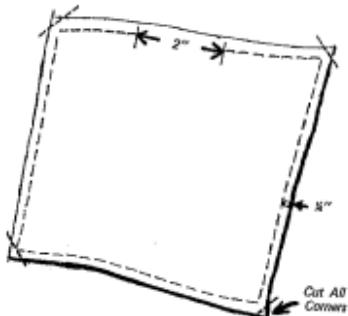
Turn the two pieces of material so that the outside faces are touching. Using a small running stitch (fig. 20), start sewing two inches from right corner of one side, turn corner, sew three complete sides, and then sew one inch of side where two inches already have been completed, leaving approximately a two inch opening on that side. (See fig. 21.)

Once sewing is complete, clip corners.

RUNNING STITCH



FIGURE 20.—Running stitch.



3 completed first-stage sewing and corners.

Turn rightside out.

Take one old, clean nylon stocking, gather down to the toe, and insert into quilt square through opening, placing the nylon into the center of the square.

Thread three strands of nylon sock and sweater yarn through large tapestry needle. Take on stitch in marked center of square, securing stocking. (See fig. 22.)

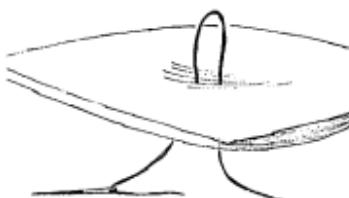


FIGURE 22.—Showing center tacking stitch.

Tie the thread in a square knot and cut.

Close the two-inch opening with a blind stitch.

Once the total number of required squares have been made, crochet or button-hole stitch (fig. 23) them together using one strand of the yarn used for tacking, #3 or #5 pearl cotton thread or embroidery thread.

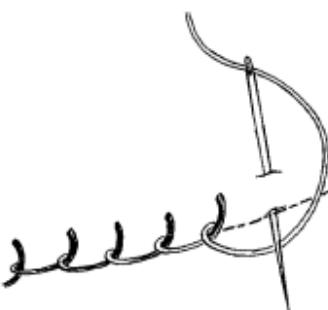


FIGURE 23.—Buttonhole stitch.

4. Simple Pom-Pom Animals

Goal: To make a simple, pom-pom owl.

Equipment Needed: scissors; compass

Materials Needed: yarn; scrap felt; thread; white, all-purpose glue; cardboard

Procedure: With a compass, draw a circle three inches in diameter on a piece of cardboard. Using the same center, draw another circle one inch in diameter. Cut out center one-inch circle. Cut out three inch circle. This gives you a doughnut-shaped piece of cardboard. Duplicate using disc as your guide.

Repeat the procedure above, except outer circle is $1\frac{1}{4}$ " in diameter, with inner circle being $\frac{3}{4}$ " in diameter. Make two. Make a slit in each disc. (See fig. 24.)

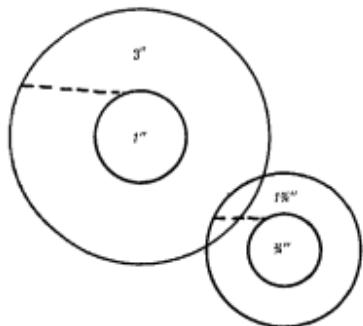
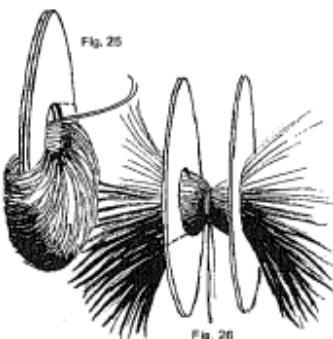


FIGURE 24.—Showing discs with slits.

Place the two large discs together, the slits being 180 degrees from one another. Wrap yarn through (approximately 110") and around discs until no more can be wrapped. (See fig. 25.) Repeat this procedure for the smaller discs (approximately 85").

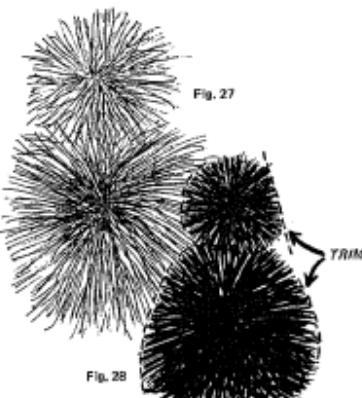
Once no more yarn can be fit, insert the scissors between the discs, and cut all the way around the edge. Separate the discs a little and, with a piece of heavy-duty thread, secure the yarn in the center, leaving enough extra to tie the pom-poms together. (See fig. 26.) Repeat for the smaller disc.



FIGURES 25 & 26.—Yarn is wrapped around disc until no more can fit. Yarn then is cut and discs spread.

Once both pom-poms are secured, remove discs. With the excess thread, tie the two pom-poms together (fig. 27).

With scissors, trim larger pom-pom to give it a slightly oval shape and flatten front of smaller pom-pom "head." (See fig. 28.)



FIGURES 27 & 28.—Pom-poms are tied together and trimmed.

For the eyes, cut out two large, dark circles of felt. Thread a needle with piece of yarn. Knot one end, insert needle through center of felt, and run through head. Repeat for other eye, and tie the two ends of the yarn together in the back of the head. Cut off excess yarn. (See fig. 29.)

For the beak, cut out a diamond-shaped piece of felt and fold. Use same procedure as for eyes, with knots appearing at either side of beak. (See fig. 29.)

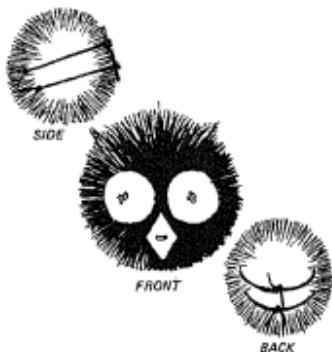


FIGURE 29—Eyes and beak mounted to pom-pom head.

Owl now can be attached to a handbag or blanket, or may be made free-standing by flattening bottom or by attaching to simple felt base.

5. Decoupage

Goal: To make an old metal tray into a once again useful, decorative piece.

Equipment Needed: sanding block; scissors; paintbrushes; sponge.

Materials Needed: old metal tray; old greeting cards; tissue paper; pencil; sandpaper (fine); emery cloth (fine); steel wool; white, all-purpose glue; rubber cement; paint; clear deck varnish; turpentine.

Procedure: Select and cut out design materials.

Make sure that the surface of the tray is clean and smooth. Use steel wool, sandpaper, emery cloth to remove any rust, flaking paint, etc.

Choose the background color and select a corresponding flat paint. Paint the surface to be decorated. Let dry 24 hours, sand smooth, apply another coat. If desired, repeat again. After the final coat has been applied, and has dried for 24 hours, prepare the surface by rubbing with a damp emery cloth, fine grade.

With the tissue paper, outline the surface to be decorated. Place cutouts on paper, moving them into an appealing arrangement. When satisfied with an arrangement, dot the back of each cutout with rubber cement and place on outline. If it is satisfactory, prepare to mount the cutouts on the tray.

Brush the back of your first cutout with a thin coat of white, all-purpose glue. Place the cutout in position. Press it to the tray with a damp sponge, moving the sponge from the center of the cutout to the edges. Repeat for all cutouts, one at a time.

When all cutouts are glued, you are ready to seal them to the tray. Mix clear deck varnish with sufficient turpentine so that it flows easily and evenly. Seal the surface of the cutouts using a soft, flat brush. Let dry 24 hours. Thereafter, apply as many coats as necessary (from five to fifteen) to completely seal the cutouts so no edges can be felt. Wait 24 hours between application of each coat. When the final coat is applied, wait 24 hours and sand with very fine sandpaper or emery cloth until the surface is smooth.

Councils and Committees

Through participation in councils, committees and clubs, a significant degree of independence, purpose and sociability can be restored to individuals.

With councils and committees, the emphasis is on individuals having a role in the decision-making process. Committees and councils allow individuals to have an effect on what is going to be undertaken. Many facilities have had excellent results by giving individuals a voice in the running of the activities program.

An activity committee's role would be supple-

munity to your own. For example, a committee might suggest a specific date for an open house, or what to give as an award or gift, or what movies are to be shown, etc. In other words, the overall planning is still your responsibility, but determination of some specific detail is left up to those who are most affected by that detail.

As in any close community, there are bound to be petty jealousies, hurt feelings, leaders and followers. In this light, it is best if all individuals are somehow involved in activities committees. You might wish to establish an awards and gift committee, to determine what type of award should be given a volunteer or guest speaker; a movie committee, to select what movies should be shown; a decorating committee, to work on decorations for a party or open house; a party committee, to select specific dates for certain events and possible themes, and other committees with overall scope as wide and as varied as your overall program.

Selection of the people to work on the committee is best made on a random basis—perhaps by pulling names from a hat, with a specified number to work on each committee. Trading committee posts among and by individuals should be allowed. Bear in mind that there may be those who might not wish to participate in committee work due to other obligations such as clubs, or craft projects, etc. Those who do not wish to participate because they feel inferior or afraid that they could not contribute, however, should be urged to join in, if only to watch. Nonetheless, do not force an individual to do something which he absolutely does not want to do.

Meetings of the committees can vary, according to the nature of the committee's purpose. If possible, the meeting should take place in a special room which affords quiet and privacy. A chairman who is able to do the job and, preferably, who has not chaired a meeting in the recent past, should be selected by committee members at each meeting.

Some set of rules should be observed, based more on politeness and common sense than strict parliamentary procedure. Individuals should not interrupt a speaker, and individuals must speak in turn.

You or a member of your staff or a volunteer should be present at meetings to answer any

questions, give assistance where necessary, and to observe. Do not interfere or run the meeting. To as great an extent as possible, committee meetings are activities where individuals do for themselves.

Depending on the committee's realm, some decisions should be referred for vote by all concerned. For example, in selection of movies, committee members might select ten movies from a list of one hundred, then have all individuals in the program vote to determine the five most desired from the list of ten.

Be cautious in dealing with committees. Outline their responsibilities carefully so you do not have to override their decisions. You might wish to make general suggestions or advise that a potential committee decision might be contrary to facility regulations. If you must veto a committee judgment, do so as mildly as possible and with full explanation. Remember, committee activity is not a game for those involved. If a committee is established properly it is engaged in earnest, serious work and should be treated accordingly.

Clubs

Unlike councils and committees, clubs composed of individuals in the facility usually do not engage in decision-making.

Clubs are composed of persons with interests in common, such as coin or stamp collecting, gardening, volunteer work, welcoming new individuals to the facility, etc.

Establishment of a club is your responsibility. You might wish to check over records to see where interests lie, or perhaps compose a list of possible clubs, questioning individuals about their interest in specific areas.

Club meetings usually take place on a regular basis. Meetings should be open to all who might wish to observe or participate, however, since some may have a latent interest which observation of a club meeting might encourage them to develop.

Club activities involve reading or suggesting books and magazines to read, reading aloud, discussing unusual facts associated with the

subject at hand, or displaying, as with coins or stamps, certain rarities in the possession of individuals.

Clubs also give members the opportunity to expand their activities and involve the community. Guest speakers can be invited in from the community at large, trips can be made to museums or other locations pertinent to the club's interest, and clubs in the community with interests complementing those of club members in the home might be encouraged to meet occasionally in the facility or to invite facility club members to general meetings in the community.

Your role in club activities, aside from being the person responsible for originating them, is primarily as an observer. Again, the goal is to have club members do and act for themselves. You or a representative from your office should be on hand, however, to answer any specific questions or respond to any specific requests.

In general, it can be said that measures to give individuals roles in independent thinking encourage them to assume roles in the community at large where independent thinking and decision-making are necessities for existence.

Facility Library

Most people enjoy reading and should have access to current publications—periodicals and books. Reading stimulates mental alertness and can provide the basis for many beneficial forms of social interaction.

In establishing a library for those in your facility, consult your community librarian. She may know the reading tastes of many in your program, as well as being familiar with the theory for establishing a simple, yet effective distribution control system.

You might be able to get a direct stop at the facility from your community library's Bookmobile, if available, or a bulk delivery of books from the library for your participants' use on a monthly or six-week basis.

Some magazines may be subscribed to, although this can lead to expense and perhaps some incidents about who is to keep which

magazine for how long. Many homes have found great success when volunteers bring in recent (one week old) editions of popular magazines, enabling individuals to have their own personal copy of a favorite publication.

Bookcases should be placed where staff easily can supervise take-out and return procedures. Hours must be established. One or several patients may wish to volunteer their services as librarian(s).

In case of partially-sighted or blind individuals, Talking Books, large print and Braille books are available from the Library of Congress, Division for the Blind and Physically Handicapped (1291 Taylor Street, N.W., Washington, D.C. 20011 or from a regional office and other sources.)

Patients no longer able to read but who are sighted enjoy primarily pictorial publications such as Look, Life, Ebony, etc.

Facility Newspaper

One of the most absorbing and rewarding activities for individuals is the writing and publication of a facility newspaper.

Because there will be some expense involved, budgetary considerations and approval must be obtained from the administrator. Outside of items such as writing paper, pencils, art supplies, scissors, etc., the main cost will be for the actual printing itself.

As in the formation of the club, it is up to you to generate initial enthusiasm for the project by inquiring of individuals if they would be interested in the project. If there is a sufficient show of interest, try to encourage more to join in as a job of one sort or another can be found for almost all wishing to participate. Talents especially needed are writing and illustrating. Some of those areas where no real previous experience is necessary include pasting up, reporting, distributing, and selection of those stories to be used and those which can be omitted. Check through records to see if there are those who might have had past experiences or ability to assist. Encourage such a person to join in, possibly by asking for an evaluation of the overall plan for the publication.

Once you have the names of those who want to participate, call an organizational meeting. At this meeting it might be possible to have a guest speaker, a writer for a local newspaper, perhaps, to outline some of the major areas of concern and some of the work that will have to be done. If it is impossible to get such a guest lecturer, you could have an interview with a writer at his place of work to ask pertinent questions. Relay the information to those attending the initial meeting to give them an opportunity to decide where their maximum ability or interest lies.

It will be up to you or a volunteer or staff member to assist in the development of the newspaper. A list of possible initial assignments could be made up and discussed at a second organizational meeting. There will be a need for writer/editors; illustrators; reporters, who only have to bring in notes or verbal information; columnists to write continuing features such as "I Remember When" or "Comment on Current Events;" layout designers, and other positions about which you should obtain more information.

The scope of the newspaper should be facility-wide. Ask for the cooperation of various department members to act as correspondents, sending in notes about events or happenings in their departments.

The main emphasis of the newspaper will be on those you serve. Some of the items that could be reported include birthdays; new arrivals; coming events, such as parties and holiday celebrations; "patient of the month," selected on random basis giving a biography and current interests of an individual, poetry, as well as any articles pertaining to any major changes that will affect daily living in the facility. Other possibilities include welcome to new volunteers and employees, employee birthdays, words from the administrator, reports from the various departments, etc. Also possible are surveys which analyze individuals' views of certain issues, and compilations of unusual past experiences.

The style of writing for the facility newspaper need not be the formalized newspaper jargon that you read in daily newspapers. The style can be casual, almost as if writing a letter. Nonetheless, it is important for articles of any

length to be well outlined so they maintain their interest and readability.

Selection of articles can be made by several editors who can pass judgment effectively. Final typing can be done by a volunteer or member of the facility's clerical staff. Actual paste-up, if required, can be done in a craft area.

The cost of printing the newspaper should be investigated before beginning the project. It would be best to consult a local printer, explain the situation and ask his advice. Chances are he would be more than happy to cooperate. In addition, you might investigate the actual cost of printing on the facility's duplicating or mimeograph machine. Also check with a local high school as many have print shop facilities. Local community organizations might have printing equipment you can use free of charge. It is up to you to ascertain the best and least expensive means of printing as this will be the most expensive part of the project.

Should the newspaper be printed "in house" on a duplicating machine, the originals should permit easy reading by those who are visually impaired. You can use all upper case letters, SUCH AS THIS, or, if there is an IBM Selectric Typewriter in the facility, you might be able to secure a special large type speech font.

Distribution of the newsletter also can be carried out by individuals in your care. Copies should be given to all in the facility, including staff, volunteers, etc., to visitors. Copies also could be sent to families of individuals in the facility.

Remember, the finished product does not have to be the finest piece of work ever done. It is not expected to compete with a daily newspaper. But to those who participate in its publication, a newspaper of their own is an achievement of immense pride and satisfaction.

Rhythm Band

The rhythm band is an excellent activity to promote both mental and physical exercise. Much of the equipment can be made in your facility as craft projects, and other materials can be purchased very inexpensively or donated to your facility.

To initiate enthusiasm, determine what songs are favorites for individuals. Secure records of one or two "peppy" songs and with one or two instruments, indicate how the rhythm band functions, picking up the beat of the song. Invite several to try.

You can begin with a very few persons, eventually encouraging all able to do so to join in. A phonograph and records are needed.

Some of the manufactured instruments that can be used include:

Bells (obtained from a dime store)

Drums (toy military drums and bongo drums)

Cymbals (small)

Maracas

Tambourine

Triangle

Several of these manufactured items can be made in craft activity as well as other items used for the rhythm band. These include:

Bells (sew 10 "jinglebells" to a piece of grosgrain ribbon)

Chop Blocks (glue fine sandpaper to one side of two small blocks—rub together)

Cymbals (two pot lids)

Drum (oatmeal box covered with paper and shelfie; drumstick—12-inch dowel with cork fishing bobber glued to one end)

Rattle (sealed cardboard box filled with pebbles, or; pingpong paddle with soda caps loosely nailed, two-to-a-side, or; two aluminum terpans, filled with metal buttons, glued taped or laced together with popsicle stick handles)

Rhythm Sticks (two ten-inch pieces of dowel)

Tambourine (punch eight holes in the rim of an aluminum pie pan and string metal buttons (three in a group) through holes)

Xylophone (glass bottles filled to various levels struck by a spoon)

In addition to performing regularly, the band can be a center of attraction at parties, requiring posters to be made, etc. To keep interest high, play to different records, encourage individuals to change instruments, or try forming a marching rhythm band if enough band members are ambulatory. A high school music instructor might be willing to give you consultation.

Gardening

Over the years individuals in long-term health care facilities have shown continuing interest in gardening. In essence, gardening involves the responsibility of caring for a form of life, and a chance for the creation of visual beauty.

Gardening itself can range from simple to complex. It might involve a single plant in an individual's room, a window box, or, as happens in many instances, planting and upkeep of flowers on the grounds of your facility.

In beginning general gardening activities, a variety of equipment must be on hand, depending on the scope of the project. In selecting the necessary materials, much of which probably is in possession of the maintenance department, consult with individuals in the program who have had experience. Let them make listings of suggested tools such as trowels, hoes, etc., as well as supplies such as peat moss, and of course, the flowers themselves.

If the budget allows, plants in each individual's room, cared for by the individual or with the help of an experienced "gardener" not only brighten rooms, but might spark a new area of interest or some degree of social interaction where neither have existed before.

Scheduling gardening activities poses no problems, especially during the summer months or in areas where outdoor activity is possible year-round.

The activity suggests many other possibilities.

A gardening club easily could be established, where literature could be read aloud, movies shown, lectures given by florists or horticulturists, etc. Also possible are trips to botanical or horticultural gardens or trips to museums with botanical or horticultural exhibits. During open house, inspection of the facility's gardens is another possibility. Nor should you overlook the possibility of newspaper publicity for individuals who might enter contests or experiment with new strains of flowers. Contact with the community's garden club or society also is encouraged.

Therefore, as with many specialized activities, gardening can generate widespread enthusiasm and enjoyment for those individuals involved.

in the actual performance, as well as in the many activities directly associated with it.

Religious Activities

NO ONE SHOULD BE FORCED TO PARTICIPATE IN ANY RELIGIOUS ACTIVITIES

Religious activities are of particular importance to most people. In establishing programs in your facility, consult with community religious leaders of all faiths. Be sure to check with the administrator to determine facility policy regarding seeking of converts by groups which emphasize proselytizing. This policy should be relayed to those whom you consult.

Services

The basic religious activity is the conducting of services. One religious leader, or perhaps several in rotation, might be willing to come to your facility on Sunday to conduct nonsectarian services. If there are distinct groups of one religion or another, special services might be held, followed or preceded by general, nonsectarian services. If there are several groups, several corresponding religious leaders might be willing to come out to the facility to conduct special services. It is important, in the conduct of services, that no one is overlooked and that no one is forced to participate.

Another possibility, and one that is especially beneficial, involves one or several members of a religious group being picked up by relatives, friends or volunteer members of the congregation to be taken to community services. This possibility easily is investigated by discussing the matter with volunteers in your home, or by calling the head of the affected congregation.

Still another possibility, especially for facilities whose patients are predominantly of one particular faith, would be the holding of outdoor services with members of the regular congregation being invited—bringing the community to the facility. Such activities could be followed with refreshments and perhaps an open house.

Other Activities

In addition to services, there are many other activities related to religion, including:

Bible Classes—Representatives of many religions would be willing to come to the facility in the middle of the week, or perhaps several times a week, to conduct Bible readings and explanations of Biblical meanings.

Bible Study Group—A Bible Study Group similar to a club, and could be led either by a representative of a religious group, or by a patient. Such a group need not be affiliated directly with any one particular religion or another.

Church Volunteer Work—Many volunteer projects might be undertaken for church-related charities, such as an orphanage, hospital, etc.

Church Social—Individuals from the facility might be taken to church socials, or might be able to have a church social in the home.

Church Fraternal Groups—Individuals from the facility might be encouraged to join or to maintain membership in religious fraternal groups affiliated with their religion, such as the Knights of Columbus or B'nai B'rith.

Remember, the possibilities for related religious activities are almost endless. Discuss ideas and possibilities with many religious leaders in the community. They will be happy to help you to develop a meaningful program for all those in your facility.

DO NOT OVERLOOK ANY INDIVIDUAL
DO NOT IGNORE HIS PREFERENCE.

Resources



Some Community Resources

The following listings should be used to stimulate your own thoughts and the thoughts of others. This list is not the be-all and end-all. Use it for ideas, for, in the last analysis, ideas are your greatest resource.

Crafts

FROM YOUR LONG-TERM CARE FACILITY

Scrap yard goods, tongue depressors, tape, tin cans, empty Clorox bottles, tissue paper, milk cartons, paper cups, gauze, cotton batting, etc.

FROM THE STAFF, INDIVIDUALS BEING CARED FOR AND THEIR FAMILIES

Scrap yard goods, old nylon hose, old jewelry, old greeting cards, old books, old furniture, old picture frames, old toys and dolls, etc.

FROM THE COMMUNITY AT LARGE

Surplus goods, such as scrap lumber from a lumber yard, scrap leather from a shoe and glove manufacturer, scrap yard goods from fabric retailers, scrap yard goods and old burlap bags from mills. Also donations from clubs, organizations, civic groups, etc.

Games

FROM YOUR LONG-TERM CARE FACILITY

Tables, chairs, brooms, specific games, as well as prizes such as fruit, small trophies, etc.

FROM THE STAFF, INDIVIDUALS BEING CARED FOR, AND THEIR FAMILIES

Games no longer used, prizes, ideas for games, tournaments, etc.

FROM THE COMMUNITY AT LARGE

From retailers and community groups, the donation or loan of special equipment, and the donation of prizes.

Other Activities

FROM CHURCHES

Religious services, Bible readings and discussions, lectures, ice cream sociables, missionary groups, etc.

FROM CLUBS AND ORGANIZATIONS

Lectures, assistance in project development, meetings, community drama groups, etc.

FROM MUNICIPALITIES

Visits to the museum, zoo, planetarium, aquarium, civic concerts, libraries (books, movies, records), public schools (music and drama groups), city recreational programs, parks (fishing, picnics), etc.

PRIVATE INDUSTRY

Sheltered workshop, field trips, movies, etc.

EXHIBITIONS

Sports, art, flowers, automobiles, etc.

PRIVATE SCHOOLS

Dance recitals, judo and karate exhibitions, band recitals, etc.

Creative Use of Odds and Ends

This list is very partial and is used to illustrate some possibilities for the creative use of odds and ends. The possibilities number in the hundreds of thousands, limited only by your own imagination and inventiveness.

BOTTLES (plastic and glass)

paint containers, vases, lamps, desk sets, piggy banks, games (bowling pins and bean bags), door stops, bubble bath containers, paper weights, dolls.

BROOM HANDLES

playing pieces for games (checkers), tab toy wheels, handles (old ones)

BURLAP (ravelled an foundation for rugs, place mats, wall hangings, braiding (rugs), block

CANS

vases, desk sets, pin c (funnel, scoop, cutter)

CARDBOARD

posters, shuttles for w

zle mounting, toys, waste baskets, patterns, small frames.	SPOOLS
CARPET	spool animals and dolls, wheels for toys, beads, spool knitters.
ravelled and woven, doll house rugs, door mats.	STOCKINGS (nylon and cotton)
CHRISTMAS AND GREETING CARDS	stocking animals, rugs, stuffing for toys and pillows, spool knitting.
applique on bottles, tinware and woodenware, bead chains, flowers, jigsaw puzzles, scrapbooks, posters, decorations.	STRING
COTTON (batting)	knitting, knotting, curtain pulls, fringe, wash-cloths, colonial mats.
stuffing for toys, quilts, decorations.	VELVET
COTTON (cloth)	greeting cards, box linings, pictures, doll clothes, applique, rugs.
applique, dolls, sprouts, slippers, rugs, quilts.	WALLPAPER
EGG SHELLS	bookbinding, covering boxes, vases (covering), lamp shades, patterns, paper mache, posters, jigsaw puzzles.
ornaments, mosaics.	WOOL
FELT	quilts, rugs, bedsocks, animals.
stuffed animals, applique, wall hangings, book-end silencers, backing for ceramic pieces.	WIRE
FURS	coat hangers, fly swatter stems, armature (clay sculpture), flower stems, jewelry.
slippers, doll dress trimmings, toy animals.	WINDOW SHADES
GLASS	canvases for painting scrolls, patterns, book-binding.
sea tiles, mosaics, paint pellets.	WOOD
LEATHER	gumas, shuttles, bean bag boards, foot stools, bread boards, basket bases, bird cages, flower boxes, frames, toys, bookends.
book marks, hinges, containers (tobacco, knives, change), parts for toy animals.	
LINOLEUM	
block printing, mosaics, doll house furnishings.	
MAGAZINES AND CATALOGS	
resource material (questioning advertisers about films available, etc.), paper mache, scrapbooks, patterns, wastebaskets.	
MARBLES	
mosaics, jewelry.	

S

kers and fly fans.

Companies That Furnish Films

To obtain the names of film distributors near you, consult your Yellow Pages under Motion Picture Film Libraries and Motion Picture Film Distributors. If you are located in a rural area, ~~ply ask an operator in the nearest large an area to consult the Yellow Pages for you. will be happy to perform this service.~~

~~A major source of all type films and audio-visual equipment is your own community library, nearby college library, or nearby city~~

library. Your librarian, or local photographic equipment supplier also may know a community camera or movie club whose members might be willing to show and discuss some of their own films.

In addition to "regular" movies, check into industrial films. These motion pictures are produced for organizations of all types and tell stories pertinent to each organization. The possible list of subjects is as varied as man's activity has been, is, and will be in the future. Most of these films are modern, in color and available free.

Literally thousands of organizations have had films made. It might be a good project to gather information on the availability of such films. Some companies producing them are virtually all those listed on the New York and American Stock Exchanges; telephone companies, airlines, health associations such as the American Cancer Society; colleges and universities; insurance companies; museums; foreign embassies; religious organizations; nationally based civic associations and organizations; all branches of the Federal Government, such as the Public Health Service, National Medical Audiovisual Center, Communicable Disease Center, P.H.S., Atlanta, Georgia; NASA; the Atomic Energy Commission, etc.; tourist bureaus of large cities; state farm extension services; local agricultural clubs; trade associations, and, of course, your local library.

When writing to these organizations, address letters to the Public Relations Director, or the Public Information Officer. Request a listing of films available, how shipping is arranged, etc.

For lists of suppliers on a national basis, write to the following and request lists of suppliers:

American Occupational Therapy Association
251 Park Avenue South
New York, New York 10010

National Recreation and Park Association
1700 Pennsylvania Avenue, N.W.
Washington, D.C. 20006

Equipment and Supply Companies

To obtain equipment and supplies, consult your local Yellow Pages, as well as those of nearby cities, under headings such as "Arts and Crafts Supplies," "Hardware," "Hobbies," "Lumber," and "Sporting Goods."

When purchasing, shop around. Consider availability of services if needed as well as price.

Appendix A

Common Health Problems Requiring Long-Term Care

Arteriosclerosis

Blood vessels are the pipes of the body's plumbing system. The heart pumps blood through the arteries to all parts of the body. Blood distributes oxygen to the body's cells. Blood is returned to the heart in veins. The arteries have thicker walls than veins and they pulsate. These arteries can be affected by disease called arteriosclerosis. Arteriosclerosis also is known as "hardening of the arteries." It is characterized by a fatty substance in the blood sticking to the inner wall of an artery (fig. 30).

The fatty lesion on the inner wall of the artery causes a thickening of the other two layers of the artery—the middle wall and the outer wall. This causes arteries to lose their elasticity and become rigid, known as "pipe stem" arteries.

This disease can affect arteries in any part of the body. When it affects a certain part of the body or organ, the name of the affected area or organ is placed first. For example, cerebral arteriosclerosis signifies arteriosclerosis in the arteries of the brain.

The causes of arteriosclerosis are not completely known, but it is known that smoking, overweight, diabetes, and high blood pressure make the disease proceed faster. With proper care an individual with this disease can live many years, leading an active, useful life.

An activities program, including some physical activity, can provide physical and mental stimulation. Routine activities can be helpful to the confused or forgetful individual.

Remember, any secondary problems, such as a heart condition or diabetes, etc., also must be considered before any type activity is entered into.

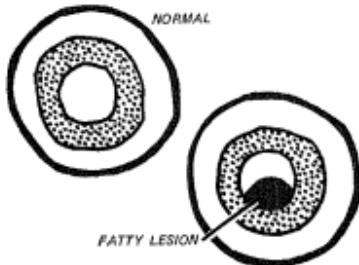


Figure 30.—Arteriosclerosis results when fatty substances build up on the inner wall of an artery.

Heart Disease

There are many different types of heart diseases, caused by many different conditions. Many of these conditions are caused by interruption or slowdown of the flow of blood to the heart, and, because the heart is the body's blood "pump," this can result in changes in the flow of blood.

Although many diseases of the heart are gradual, taking place over the years, symptoms can come on suddenly—completely unexpectedly. As Activities Supervisor you should be aware of some of the signs of heart problems. They include dizziness, unusual tiredness or fatigue, nervousness, rapid heart beating, difficult breathing, weakness, blueness of the skin, lips and fingernails, pains in the chest or the left arm, headache, urinary complications and in-

somnia. Many of these problems are not always caused by heart disease, but, should you note any of these symptoms, report them to the charge nurse or physician immediately.

An activities program can help heart disease victims through encouraging relaxation, mental stimulation, and, where appropriate, by encouraging the individual to adjust to his limitations. The person with a known heart condition should not participate in physically active activities, or those requiring raising the arms more than chest high, without the written approval of the attending physician.

Stroke

Stroke is also referred to as cerebral vascular accident or "C.V.A." A stroke occurs when the flow of blood to the brain is somehow interrupted.

The brain is divided into several areas. The cerebrum is the major area and it controls most of the functions of the body. In turn, the cerebrum is divided into several areas, or zones, each zone having control over a specific function of the body (fig. 31).

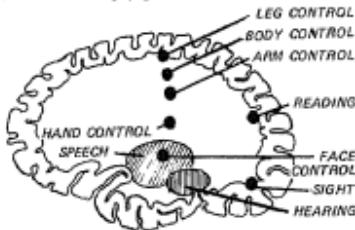


Figure 31.—Zones of the cerebrum.

If the flow of blood is interrupted to one number of the control zones, the part of the area has control over the b^rain. If the hemorrhage, which may be caused by a small tumor pressing on the outer wall of the artery causing it to close (fig. 32).

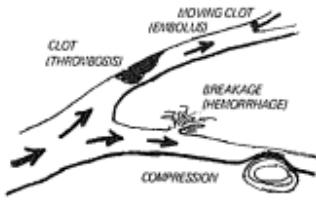


Figure 32.—If the flow of blood to a zone or zones of the cerebrum is interrupted, by blockage, breakage or compression, the part of the body controlled by that part of the cerebrum is affected.

There are many precautions that must be observed in the care of the stroke patient which can be explained to you by a physician or nurse.

An activities program can provide much for the stroke victim in the way of rehabilitation. The individual affected may feel like an outcast, and the activities program can overcome this through social interaction. Activities also will encourage speech and self-care in functions of daily living, maintain or increase strength and coordination in unaffected as well as affected areas, and increase self-confidence through mastering activities geared to abilities.

Mental Illness

Mental illnesses are "organic" or "functional." Organic mental illness refers to mental disorders which result from physical damage to the brain, from cerebral arteriosclerosis, infection, poisons in the body such as alcohol or barbiturates, severe blows to the head, etc. Older persons, because of lowered resistance, are more likely to suffer organic mental illness than their juniors.

Functional mental illness is related to emotional problems. Frustration caused by wanting ability, loneliness, rejection and fear often can create symptoms as severe as those caused by organic illness.

Illment of either type of mental illness 65 and older is virtually the same in all age groups. Two-thirds may

be expected to recover almost completely or to improve significantly.

Depending on the type and severity of the disorder, an activities program can prove of great value, especially in helping to direct individual tensions and energies to worthwhile accomplishments. A sense of belonging and importance can be established through effective group activity, particularly when community volunteers are involved.

Senility

Senility usually is the result of organic brain disease. The two chief chronic brain killers are cerebral arteriosclerosis, wherein hardening of the arteries in the brain prevent sufficient oxygen from reaching it, and anoxic brain disease, where the brain simply wastes away. In both cases, cause is unknown.

Both diseases foster memory loss and confusion. Experts disagree, however, as to the inevitable progression of the diseases. In some cases, the progress of the disease has been halted. In addition to memory loss, individuals so afflicted tend to become irritable, lose interest in appearance, tend to live in the past, behave in childlike fashion, and eventually become incontinent.

An activities program can help those afflicted by providing group activity to help maintain the individual's awareness of others and a secure atmosphere involving pleasant activities which are simple, repetitive and possibly associated with familiar activities of the past.

Parkinson's Disease

Parkinson's Disease is not really a disease but rather a group of symptoms.

Parkinson's symptoms include a progressively worsening shaking of the hands, stiffening of the muscles, a masklike appearance of the face, and a shuffling gait when walking. Parkinson's is not contagious nor is it fatal. While it does not paralyze, it can cause muscle tissue to change through disease.

It is important to note that Parkinson's has no effect on mental ability. A person's intellect remains sharp and clear. As a result, the indi-

vidual with Parkinson's easily can become embarrassed through inability, drooling, etc. While embarrassment does not cause symptoms, it can aggravate them. Therefore, a victim of Parkinson's disease needs sympathetic reassurance and understanding.

There is no cure for Parkinson's Disease. In some selected cases the disease symptoms may be removed through surgery, but in most cases one must rely on physical and occupational therapy to maintain mental and physical ability at the highest possible peak.

Obviously an activities program is desirable in the rehabilitation of the victim of Parkinson's Disease. Physical activity can maintain maximum flexibility and use of all muscles. Group activities can spur social interaction and con-versation. Activities which will bring a sense of self-reliance and self-respect to the afflicted individual should be encouraged.

Aphasia

Aphasia is an organic condition of the brain which can result from different forms of other brain diseases or injuries such as hemorrhage, arteriosclerosis, etc.

Aphasia results in speech disorders which can be classed as "motor aphasia" or "sensory aphasia."

Motor aphasia is characterized by the inability of the afflicted individual to express himself in words. He can understand what is said to him, but can only use gestures in reply.

Sensory aphasia is characterized by the inability of the afflicted person to understand what he can see or hear. In some cases, an individual cannot distinguish words from other sounds—all is noise without meaning. In other cases, the individual can distinguish words from other sounds, but they have no meaning—as if someone were addressing him in a completely foreign language.

Treatment for aphasia is primarily speech therapy.

An activities program can provide the afflicted person with challenges easily met and accomplished. Depending on the seriousness and type

of aphasia involved, giving or demonstrating instructions is a key element in involving the individual in the activity.

Hearing Loss and Deafness

Hearing loss or deafness can result when the hearing mechanism (fig. 33) is somehow disrupted. The ability to hear is dependent on a series of functions. Basically, a noise gives off sound waves or vibrations. These vibrations beat on the ear drum. The vibrations given off by the ear drum are carried to the middle ear which is composed of three delicate bones. The bones pass the vibrations from one to the other. The third bone, the stapes (pronounced stay-peez), connects to the inner ear. When the stapes vibrates, it creates waves in the fluid of the inner ear. These waves are detected by microscopic hairs which create an electrical impulse in the hearing nerve. This impulse is carried to the brain, and the brain gives the impulse meaning. An impairment in any one of these functions can cause a hearing loss, or, in some cases, total deafness. This impairment could be blockage in the auditory canal, a broken ear drum, or brain damage, among many others.

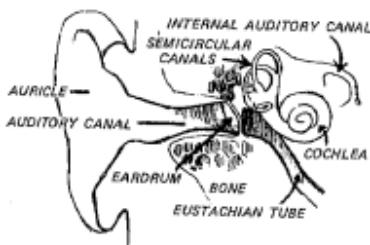


FIGURE 33.—Hearing mechanism.

Hearing loss is especially common in old age. The exact cause for this loss is unknown, although some think it is due to changes in the brain's ability to give full meaning to the electrical impulses received. Usually it involves

less and less ability to hear higher tones. This lessening ability takes place over many years.

An activities program cannot restore hearing. Participation in activities, however, can help an individual to overcome some of the problems which are associated with hearing loss or deafness. An activities program will help the hard-of-hearing or deaf individual to socialize and accomplish worthwhile tasks which impart a sense of self-reliance and self-respect.

When speaking to such individuals, make sure that background noise is as low as possible. Speak with your face and lips facing the individual. Talk slowly and distinctly with a little pause between words and sentences. Speak slightly louder than normal and lower your voice to keep tones as low as possible. Remember—be patient and include the hard-of-hearing or deaf person in as many activities as other afflictions permit.

Blindness

About half the people who are unable to see today are 65 years of age or older. Important causes for blindness in adults are cataracts and glaucoma. A cataract is the clouding of the lens of the eye, and glaucoma is characterized by pressure of liquid in the eyeball which can crush the optic nerve (fig. 34). The specific cause for each is unknown.

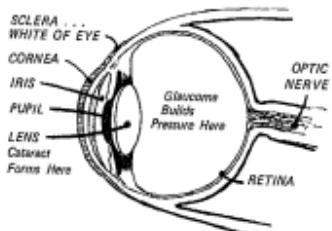


Figure 34.—The eye.

In both cases, considering modern and steadily improving surgical and other treatment techniques, there is an increasingly greater chance that vision can be restored.

For those who have been afflicted in later years and who do not have a chance for the restoration of sight, an activities program can become a major element in readjustment and rehabilitation.

Activities will be especially helpful in developing social interaction for the blind individual, and can help in the development of other senses, especially touch and hearing, which in turn can encourage self-confidence through activities that are useful and worthwhile. For help in setting up a special activities program for a blind individual, contact your local agency for the blind.

Emphysema

Emphysema is a disease of the lungs which strains the heart and, in some cases, can cause death.

In healthy breathing, lungs efficiently extract waste gas, carbon dioxide, from the blood as it circulates through blood vessels in the lungs. Then like a bellows, the lungs exchange the carbon dioxide with fresh air from which oxygen is extracted. The oxygen then is distributed throughout many air spaces in the lungs by a tree-like arrangement of tubes called the "bronchial tree." (See fig. 35.)

The tubes end as tiny "bronchioles" that feed elastic, bulb-shaped air sacs called "alveoli." Healthy bronchioles and alveoli have elastic properties that allow them to expand or contract giving the lungs the bellows effect.

Covering all passageways from the nose to the lungs is a thin mucous blanket. Beneath the mucous blanket are microscopic hairs called cilia which are constantly in motion. Together the mucous and cilia protect the tissue of the lungs by propelling foreign matter (dust, pollen, etc.) to the throat where it is removed by "clearing the throat."

Emphysema, for causes unknown, penetrates the mucous layer and destroys the cilia. Walls of the alveoli are destroyed creating large, inefficient air spaces. It is more difficult to remove waste gasses, and more difficult to bring in fresh oxygen. As a result, the heart has to work harder to pump oxygen-poor blood

through the system. Without adequate treatment, death may result from suffocation and an overworked heart. It is believed that cigarette smoking has much to do with emphysema.

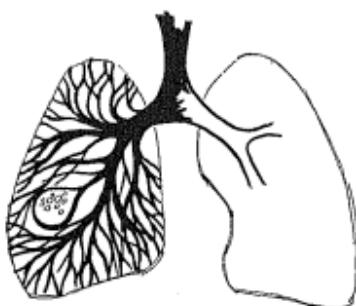


FIGURE 35.—Lungs and bronchial tree.

Because it is likely that emphysema will accompany some other affliction, activities should be devised which meet requirements of the prime affliction and also avoid any undue strain on the heart or any type of overexertion. Also to be avoided are dust, smoke, insecticides or any other type chemical irritant.

Diabetes

Diabetes is a condition in which the body does not produce enough insulin to use properly the sugar contained in food which is eaten. As a result, extra sugar collects in the blood.

The cause for diabetes is unknown. There is no cure. Treatment consists primarily of providing insulin to the afflicted individual. This treatment can keep diabetes under control indefinitely, allowing the diabetic person to live an active, normal life.

As Activities Supervisor, you should be aware of some of the problems associated with diabetes which can attack an individual suddenly and without warning. If the sugar in the blood becomes too low, an insulin reaction may occur. Symptoms of insulin reaction are impotence and crankiness, headache, sweating, trembling and hunger.

If the sugar level in the blood becomes too high, there is danger of diabetic coma. Symptoms of approaching coma are increased thirst and dry mouth, dry skin and flushed face, nausea, vomiting and drowsiness. In case any of the symptoms are observed, the nurse should be called immediately. Bear in mind that in some cases a diabetic may have sensory damage and the sense of touch (heat and cold) may be lost or impaired.

Unless otherwise specified by physician, the individual afflicted with diabetes can participate in activities not limited by any other afflictions. It is imperative that those activities involving physical effort be checked first with a physician or nurse, however, as the amount of energy expended affects the body's use of sugar.

Multiple Sclerosis

Multiple sclerosis (MS) is a disease of the central nervous system characterized by patches of degeneration in the brain and spinal cord. Typically, MS strikes men and women in the 20-40 age bracket. Depending on the frequency and severity of attacks, stricken individuals may live for as long as 25 years after the first attack. There is, as yet, no cure. The cause of MS is unknown.

Some of the most noticeable MS symptoms are uncontrolled rolling movements of the eyeballs, uncontrolled sudden emotions, incoordination, stiffness of the lower extremities, short attention span and incontinency. MS may strike suddenly, disappear then strike again more violently.

Efforts in rehabilitation primarily are directed toward preservation of as much muscle tone and control and mental alertness as possible. Much of this is carried out through physical programs of physical and occupational therapy.

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Osteoporosis

Osteoporosis is a disorder affecting middle aged and aged persons which causes a gradual decrease in the amount and strength of bone tissue. Osteoporotic individuals experience a gradual "thinning out" of bones which become less dense, or more porous, tending to lose their normal strength (fig. 36).

It is believed that osteoporosis in old age is caused by the decreased activity of glands producing hormones. Through life, human bones renew themselves. Old bone is continually absorbed by the body and new bone produced to replace it. Slowed hormone production slows the ability to produce new bone, hence there is a process of deterioration without renewal. It also is felt that insufficient intake of calcium in food and drink over long periods of years may cause osteoporosis, since the body is dependent on the intake of calcium for production of new bone.



FIGURE 36.—Normal bone and one with osteoporosis.

Current treatment for osteoporosis includes the prescription of medications containing hormones as well as diets which are rich in calcium.

An activities program for an individual with osteoporosis should avoid requiring an individual to stand for long periods. The risk of accident with any heavy object also should be avoided, as well as the lifting of any relatively heavy object even in routine activities.

Fractured Hip

The term "fractured hip," as used regarding the aged, usually means that the femur, or long bone in the thigh is fractured where it is attached to the pelvis or hip (fig. 37). The two most common places for the fracture to occur are at either the neck or top of the femur or slightly below that point.

Often the fracture occurs as a result of a general weakening of the bones called osteoporosis. The bones of the hip simply cannot bear the weight of the rest of the body.

The cure for a broken hip in the aged involves surgery—either the insertion of a metal pin between the top of the femur and the rest of the bone, or the placing of an artificial top on the femur. (See fig. 38.)

Activities can help an individual overcome problems of daily living, either on a temporary basis until recovery is completed, or on a permanent basis if surgery is not attempted. Activities can restore a sense of self-confidence and self-reliance.



FIGURE 37.—Types of hip fractures.

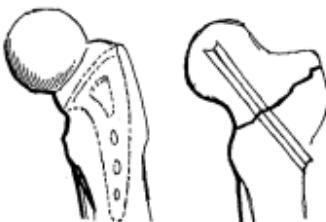


FIGURE 38.—Repairs of hip fractures.

Appendix B

Suggested Reading

The following lists of books and periodicals represent some of the many works that are of value to your program. Those books marked by an asterisk (*) should be purchased for permanent reference.

General Information

AMERICAN STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE TO, AND USABLE BY, THE PHYSICALLY HANDICAPPED. American Standards Association, Inc., National Society for Crippled Children and Adults, Inc., 2023 West Ogden Ave., Chicago, Illinois, 1961.

*BRAILLE BOOKS FROM LIBRARY OF CONGRESS, Division for the Blind and Physically Handicapped, 1291 Taylor St., N.W., Washington, D.C. 20011.

COMMUNITY RELATIONS HANDBOOK, Hoffman, Charles, American Nursing Home Association, Washington, D.C., 1970.

CONDUCTING WORKSHOPS AND INSTITUTES, Adult Education Association of the USA, P9, 1225 19th St., N.W., Washington, D.C. 20036.

*CURRENT LITERATURE ON AGING, National Council on the Aging, 315 Park Ave. South, New York, New York 10010.

*CYCLOPEDIC MEDICAL DICTIONARY, Taber, Clarence W., ed., Davis Publishing Co., 1965.

EDUCATION FOR AGING, Adult Education Association of the USA, P17, 1225 19th St., N.W., Washington, D.C. 20036.

EFFECTIVE PUBLIC RELATIONS, Adult Education Association of the USA, P13, 1225 19th St., N.W., Washington, D.C. 20036.

*FIRE AND SAFETY CODE FOR YOUR STATE, Appropriate state agency.

*GUIDE TO . . . BOOKS ON RECREATION, A, National Recreation & Park Association, 1700 Pennsylvania Ave., N.W., Washington, D.C. 20036.

HOW TO USE ROI
tion Association
St., N.W., Washin

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PRESS RELATIONS HANDBOOK, Hoffman, Charles, American Nursing Home Association, Washington, D.C., 1967.

WHEELCHAIR SELECTION: MORE THAN CHOOSING A CHAIR WITH WHEELS, Fahland, Beverly and Grendahl, Rehabilitation Publications No. 713, American Rehabilitation Foundation, 1800 Chicago Ave., Minneapolis, Minnesota 55404.

General Periodicals

AGING, U. S. Dept. of Health, Education and Welfare, Special Staff on Aging, Supt. of Documents, U. S. Govt. Print. Office, Washington, D.C. \$1.00 per year.

GERIATRIC FOCUS, Knoll Pharmaceutical Company, Orange, New Jersey.

MODERN MATURITY, AARP Membership Dept. 406 East Grand Ave., Ojai, California 93023.

NURSING HOMES, Professional Publications, Inc., 4015 West 65th St., Minneapolis, Minnesota 55435.

Activity Programming

ACTIVITIES FOR THE AGED AND INFIRM, A HANDBOOK FOR THE UNTRAINED WORKER, Merrill, Toni, M.A., Charles C. Thomas, Springfield, Illinois, 1967.

GROUP WORK WITH THE AGED, Kubie, Susan, International University Press, New York, New York, 1953.

GUIDE TO PLANNING AND EQUIPPING A HANDICRAFT FACILITY FOR A NURSING HOME, Bengson, Evelyn, O.T.R., Rehabilitation Education Service Unit, State Dept. of Health, Olympia, Washington.

*HOW TO TEACH ADULTS, Adult Education Association of the USA, P5, 1225 19th St., N.W., Washington, D.C. 20036, 1958.

LEADER'S GUIDE TO NATURE-ORIENTED ACTIVITIES, Van der Smissen, Betty and Goering, Oswald H., National Recreation and Park Association.¹

OCCUPATIONAL THERAPY ASSISTANTS PROGRAM, Wisconsin State Board of Health, P.O. Box 308, Madison, Wisconsin 53701.

PHYSICAL REHABILITATION FOR DAILY LIVING, Buchwald, Edith, McGraw-Hill Publishing Company, New York, New York, 1963.

PLANNING AREAS AND FACILITIES FOR HEALTH, PHYSICAL EDUCATION AND RECREATION, Participants in National Facilities Conference, The Athletic Institute.

PLANNING BETTER PROGRAMS, Adult Education Association of the USA, P2, 1225 19th St., N.W., Washington, D.C. 20036.

TIPS—HANDBOOK, National Association of Manufacturers, 277 Park Ave., New York, New York 10017.

TRAINING GROUP LEADERS, Adult Education Association of the USA, P8, 1225 19th St., N.W., Washington, D.C. 20036.

*UNDERSTANDING HOW GROUPS WORK, Adult Education Association of the USA, P4, 1225 19th St., N.W., Washington, D.C. 20036.

Crafts

ADVENTURES IN THE ARTS, National Recreation and Park Association, National Therapeutic Recreation Society, National Institute of Education.¹

ART OF CREATIVE KNOTTING, THE, Harvey, Virginia L., Reinhold Book Corporation.¹

ART OF FLOWER PRESENTATION, THE, Condon, G., Lane Magazine and Book Publishing Company, Menlo Park, California, 1962.

*AT YOUR FINGERTIPS, Colorado Occupational Therapy Association, Smith-Brooks Printing Company, 2130 Wilton St., Denver, Colorado, Rev. 1954.

BEGINNERS BOOK OF OIL PAINTING, THE, Hill, Adrienne, Emerson Books, Inc., Publishers.¹

CLAY, WOOD AND WIRE, Weiss, Harvey, William R. Scott Inc., New York, New York.

COLLECT, PRINT AND PAINT FROM NATURE, Albert Whitman & Company.¹

- CONSTANTINE'S CATALOGUE AND MANUAL FOR WOODWORKERS**, Constantine Company, 2050 Eastchester Rd., Bronx, New York 10461.
- CREATING WITH CORRUGATED PAPER**, Hartung, R., Reinhold Book Corporation.
- CREATIVE CLAY DESIGN**, Rottger, E., Reinhold Book Corporation.
- CREATIVE CRAFTS FOR EVERYONE**, Turner, G. Allan, Viking Press Inc., Publishers.¹
- CREATIVE DRAWING (LINE AND DOT)**, Rottger and Klante, Reinhold Book Corporation.
- CREATIVE HANDBOOK IDEAS**, Ellis, Mary Jackson, T. S. Denison & Son Inc.¹
- CREATIVE PAPER DESIGN**, Rottger, E., Reinhold Book Corporation.
- CREATIVE TEXTILE DESIGN (THREAD & FABRIC)**, Hartung, R., Reinhold Book Corporation.
- CREATIVE WOOD DESIGN**, Rottger, E., Reinhold Book Corporation.
- DECORATING WITH PODS & CONES**, Van Rensselaer, Eleanor D., Van Nostrand Company, Inc.¹
- ***DECORATIVE STITCHERY**, May, Marian, Lane Magazine & Book Company, Menlo Park, California, 1965.
- ***DENNISON PAPER ARTS AND CRAFTS**, Dennison Manufacturing Company, Framingham, Massachusetts.
- DOLL HOUSE, THE**, Warrell, Estelle Ansley, D. Van Nostrand Company, Inc.¹
- GENERAL LEATHER CRAFTS**, Cherry, Raymond, McKnight & McKnight Publishing Company.¹
- GIFTS YOU CAN MAKE**, Lane Magazine & Book Company, Menlo Park, California, 1965.
- HANDCRAFT WITH DENNISON CREPE PAPER**, Dennison Manufacturing Company, Framingham, Massachusetts, 1951.
- HANDICRAFT SIMPLIFIED**, Anon, Martha Ruth and Rawson, Ruth, McKnight & McKnight, Bloomington, Illinois.
- ***HANDMADE RUGS**, Aller, Doris, Lane Publishing Company, Menlo Park, California.
- HANDY CRAFTS FROM SCRAPS**, Howie, Olive, T.S. Denison & Son Inc.¹
- HOW TO MAKE COLLAGES**, Lynch, John, Viking Press, Inc., Publishers.¹
- HOW TO MAKE MOBILES**, Lynch, John, Viking Press, Inc., Publishers.¹
- HOW TO MAKE POTTERY AND CERAMIC SCULPTURE**, Sander, Herbert H., Lane Magazine and Book Company, Menlo Park, California, 1964.
- HOW TO USE HAND AND POWER TOOLS**, Daniels, George, Harper & Row, Publishers, Inc.¹
- JEWELRY MAKING FOR FUN AND PROFIT**, Clagg, Helen and Larow, Mary, David McKay Company, Inc., New York, New York, 1961.
- JEWELRY MAKING FOR THE BEGINNING CRAFTSMAN**, Pack, Greta, D. Van Nostrand Company, Inc., 120 Alexander St., Princeton, New Jersey 08540.
- ***LEARN HOW BOOK**, Coats and Clark's Sales Corporation, 430 Park Ave., New York, New York 10022, Book No. 170-B, Rev.
- LEATHER CRAFT**, Aller, Doris, Lane Publishing Company, Menlo Park, California.
- McCALL'S NEEDLEWORK TREASURY**, Random House, 1964.
- MAKING POTTERY WITHOUT A WHEEL: TEXTURE AND FORM IN CLAY**, Ball, F. Carlton and Lavoos, Janice, Reinhold Book Corporation.¹
- MODERN ART OF CANDLE CREATING**, Olien, Don & Ray, A. S. Barnes & Company, Inc.¹
- MORE TO COLLECT, PRINT AND PAINT FROM NATURE**, Albert Whitman & Company.¹
- MORE CREATIVE TEXTILE DESIGN (& TEXTURE)**, Hartung, E., Reinhol Book Corporation.
- ***MOSAICS**, Aller, D. Magazine and Co., California 1959

- MOSAIC TECHNIQUES, Stribling, Mary Lou, Crown Publishers Inc.¹
- PAINT NOW, LEARN LATER, Williams, Guy R.¹
- PAPER, INK AND ROLLER, Weiss, Harvey, William R. Scott, Inc., New York, New York.
- PENCIL, PEN AND BRUSH, Weiss, Harvey, William R. Scott, Inc., New York, New York.
- POSTERS: DESIGNING, MAKING, REPRODUCING, Horn, George F., Davis Publications Inc.¹
- PROJECT: EARNING POWER DESIGN MANUAL, President's Committee on Employment of the Handicapped, Washington, D.C.
- RUBBINGS AND TEXTURES: A GRAPHIC TECHNIQUE, Bodor, John J., Reinhold Book Corporation.¹
- SCULPTURE WITH SIMPLE MATERIALS, Lane Magazine and Book Company, Menlo Park, California, 1966.
- STICKS, SPOOLS AND FEATHERS, Weiss, Harvey, William R. Scott, Inc., New York, New York.
- THERE'S A DECORATOR IN YOUR DOLL HOUSE, Kahane, Melanie, Atheneum Publishers.¹
- YOUR GUIDE TO PHOTOGRAPHY, Bruce, Helen Fine.¹

Craft Periodicals

- IDEA EXCHANGE, THE, Wilson, Eliza S., O.T.R., Kalamazoo State Hospital, Kalamazoo, Michigan 49001.
- McCALL'S NEEDLEWORK & CRAFTS, McCall's, 230 Park Avenue, New York, New York 10017.
- PACK-O-FUN, Clepper Publishing Company, 40 Main Street, Park Ridge, Illinois.

Recreation

- ACTIVE GAMES FOR THE BLIND, Buoll, Charles E., Berkeley, California, 1947.

- BETTER BOARDS & COMMITTEES, Adult Education Association of the USA, P14, 1225 19th Street, N.W., Washington, D.C. 20036.
- COMMUNITY PROJECT FOR THE AGED, PUBLIC AID IN ILLINOIS, Breckenridge, Elizabeth, 1940.
- COMPETITIVE BOWLING AS A RECREATION ACTIVITY FOR BLIND PERSONS, Warp, Ray J., Association for Workers for the Blind, 1968.
- COMPLETE BOOK OF COLLECTING HOBBIES, THE, Baecher, William Paul, Sheridan House, New York, New York, 1951.
- CONFERENCES THAT WORK, Adult Education Association of the USA, P11, 1225 19th Street, N.W., Washington, D.C. 20036.
- DRAMA SAMPLER, Fleet Pubs Corporation.¹
- FOR THE STORYTELLER, National Recreation and Park Association, Charles T. Bradford Company.¹
- *FUN ENCYCLOPEDIA, Harbin A. Abblington Cokesbury Press, 810 Broadway, Nashville, Tennessee (latest revision).
- GAMES FOR ALL AGES AND HOW TO USE THEM, Wackerbarth, Marjorie and Graham, Lillian S., T. S. Denison & Company, Inc.¹
- *GARDENING IN CONTAINERS, Lane Magazine and Book Company, Menlo Park, California, 1959.
- HANDBOOK ON HORTICULTURAL THERAPY, Jones, Camleville J., O.T., M.S., and Watson, Donald P., Ph.D., Associate Professor, Department of Horticulture, Michigan State College, East Lansing, Michigan, 1055.
- HOBBIES OF BLIND ADULTS, Ritter, C., American Foundation for the Blind, New York, New York, 1953.
- HOW TO BUILD A COIN COLLECTION, Reinfeld, Fred, Barnes and Noble, Inc.¹
- *HOW TO LEAD DISCUSSIONS, Adult Education Association of the USA, P1, 1225 19th Street, N.W., Washington, D.C. 20036.
- LEISURE AGE: IT'S CHALLENGE TO RECREATION, THE, Miller, Norman P. and Robinson, Duane M., Wadsworth Publishing Co., Inc.¹

NATIONAL HOLIDAYS AROUND THE WORLD, Deblir, Lavinia, Follett Publishing Company.¹

*PASTIMES FOR THE PATIENTS, Ickis, Margarette, A. S. Barnes and Company, New York, New York, 1945.

POETRY IS RECREATION, Musselman, Virginia, Charles T. Bradford Company.²

PRACTICAL PUPPETRY, Mulholland, John, Amo Publishing Company, Inc.³

RECREATION ACTIVITY DEVELOPMENT FOR THE AGING IN HOMES, HOSPITALS AND NURSING HOMES, Lucas, Carol, Charles C. Thomas Company, Springfield, Illinois, 1962.

RECREATION ACTIVITIES FOR THE HANDICAPPED, Chapman, Frederick, Ronald Press, New York, New York, 1960.

RECREATION FOR THE BLIND, American Foundation for the Blind, Educational Series No. 1, New York, New York, 1951.

*RECREATION FOR THE PHYSICALLY HANDICAPPED, Pomroy, Janet, The Macmillan Company, New York, New York, 1964.

RECREATION IN GYMNASTICS, Lucas, Carol, Charles C. Thomas, Springfield, Illinois, 1964.

SCENIC IDEAS, Torn, Margot Hooper (editor), Ideals Publishing Company.⁴

SIMPLIFIED STAGECRAFT MANUAL, Stahl, LeRoy, T. S. Denham & Company, Inc.⁵

STARTING A RECREATION PROGRAM IN INSTITUTIONS FOR THE ILL OR HANDICAPPED AGED, Thompson, Morton, National Recreation and Park Association.⁶

STREAMLINING PARLIAMENTARY PROCEDURE, Adult Education Association of the USA, P15, 1225 19th Street, N.W., Washington, D.C. 20030.

THERAPY THROUGH HORTICULTURE, Watson, Donald P. and Burlingame, Alice W., The Macmillan Co., New York, New York.

TO GRANDFATHER'S HOUSE WE GO: A ROADSIDE TOUR OF AMERICAN HOMES, Devlin, Harry, Parents Magazine Press.⁷

Music

FOLK DANCES FROM OLD HOME LANDS, Burchenal, Elizabeth, the Willis Music Company.⁸

HOW TO LEAD INFORMAL SINGING, Hoffelt, Robert O., Abingdon Press.⁹

LET'S HAVE A RHYTHM BAND, Muchen, Eva, Sam Fox Publishing Company.¹⁰

LET'S SING, Transcript Publishing Company, Little Falls, Minnesota.

MUSIC FOR FUN, Spohn, Sigmund, McGraw-Hill, New York, New York.

MUSIC IN INSTITUTIONS, Von DeWall, William, Russell Sage Foundation, New York, New York.

MUSIC IN RECREATION, SOCIAL FUNCTION AND PRACTICES, Kaplan, Max, Stipes Publishing Company, Campagne, Illinois.

MUSICAL MIXERS AND SIMPLE SQUARE DANCES, Bowers, Ethel, National Recreation & Park Association.¹¹

RECREATION THROUGH MUSIC, Leonard, Charles, A. S. Barnes and Company, New York, New York, 1952.

TREASURY OF AMERICAN SONG, Downes, Olin, Alfred S. Knopf, New York, New York, 1943.

Volunteers

*ACCENT ON FRIENDSHIP, GUIDE FOR DEVELOPING RED CROSS VOLUNTEER SERVICES IN A NURSING HOME, American National Red Cross, Washington, D.C.

GETTING AND KEEPING MEMBERS, Adult Education Association of the USA, P12, 1225 19th Street, N.W., Washington, D.C. 20036.

GUIDELINES FOR THE USE OF VOLUNTEERS IN DEPARTMENTS OF SOCIAL WORK IN HOSPITALS, American Hospital Association, 640 N. Lakeshore Drive, Chicago, Illinois.

*GUIDE TO ESTABLISHING A VOLUNTEER SERVICE CORPS IN YOUR NURSING HOME, Hoffman, Charles, American Nursing Home Association, Washington, D.C., 1968.

- *PLANNING EDUCATIONAL PROGRAMS FOR HOSPITAL AUXILIARIES, American Hospital Association, 640 N. Lakeshore Drive, Chicago, Illinois.
- *VOLUNTEER IN THE HOSPITAL, THE, American Hospital Association, 640 N. Lakeshore Drive, Chicago, Illinois.
- *WORKING WITH VOLUNTEERS, Adult Education of the USA, P10, 1225 18th Street, N.W., Washington, D.C. 20036.

Volunteer Periodicals

VOLUNTEER'S DIGEST, Volunteer Community Activities Clearing House, Inc., 5507 33rd Street, N.W., Washington, D.C. 20016.

Continuing Education

DO IT YOURSELF AGAIN: SELF HELP SERVICES FOR THE STROKE PATIENT, American Heart Association, 44 E. 23rd Street, New York, New York 10010.

EFFECTIVE EXECUTIVE, THE, Drucker, Peter F., Harper & Row, Inc., Publishers.¹

*ELEMENTARY REHABILITATION NURSING CARE, U.S. Public Health Service, Publication No. 1436, Washington, D.C., 1965.

FASHION-ABLE, Gallagher, Helen, Foster House, 6523 N. Galena Road, Peoria, Illinois 61601.

FUNCTIONAL FASHIONS FOR THE PHYSICALLY HANDICAPPED, Cookman, Helen and Zimmerman, Muriel, Institute of Physical Medicine and Rehabilitation, New York Bellevue Medical Center, 400 E. 34th Street, New York, New York, Patient Publication #3.

*LEADING THE LEARNING GROUP, Adult Education Association of the USA, P10, 1225 18th Street, N.W., Washington, D.C. 20036.

MENTAL DISORDERS OF THE AGING, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., \$20.

REMOTIVATION TECHNIQUE, Robinson, Alice M., American Psychiatric Association, Remotivation Project, 1700 18th Street, N.W., Washington, D.C. 20006.

STEP INTO ACTION: A GUIDE BOOK FOR THE ABOVE KNEE AMPUTEE, Public Health Service, Publication No. 960, Washington, D.C., Rev. 1964.

STRIKE BACK AT STROKE, U.S. Public Health Service, Publication No. 596, Washington, D.C., Rev. 1961. \$40

*SUPERVISION AND CONSULTATION, Adult Education Association of the USA, P7, 1225 18th Street, N.W., Washington, D.C. 20036.

SYLLABUS OF REHABILITATION METHODS AND TECHNIQUES, Fowles, Beth H., Ph.D., Highland View Hospital, 3901 Ireland Drive, Cleveland, Ohio.

*TAKING ACTION IN THE COMMUNITY, Adult Education Association of the USA, P3, 1225 18th Street, N.W., Washington, D.C. 20036.

TRAINING IN HUMAN RELATIONS, Adult Education Association of the USA, P16, 1225 18th Street, N.W., Washington, D.C. 20036.

UP AND AROUND, U.S. Public Health Service, Publication No. 1120, Washington, D.C., Rev. 1964.

Continuing Education Periodicals

AMERICAN JOURNAL OF OCCUPATIONAL THERAPY, American Occupational Therapy Association, 251 Park Avenue, South, New York, New York 10010.

THERAPEUTIC RECREATION JOURNAL, National Recreation & Park Association, 1700 Pennsylvania Avenue, N.W., Washington, D.C. 20006.

¹May be obtained from the National Recreation and Park Association, 1700 Pennsylvania Avenue, N.W., Washington, D.C. 20006.

